THE CANADIAN NURSE

UNE 54 • NUMBER 4
MONTREAL

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Highlight for
APRIL 1958

TUDENT HEALTH SERVICES

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LYLE M. CREELMAN

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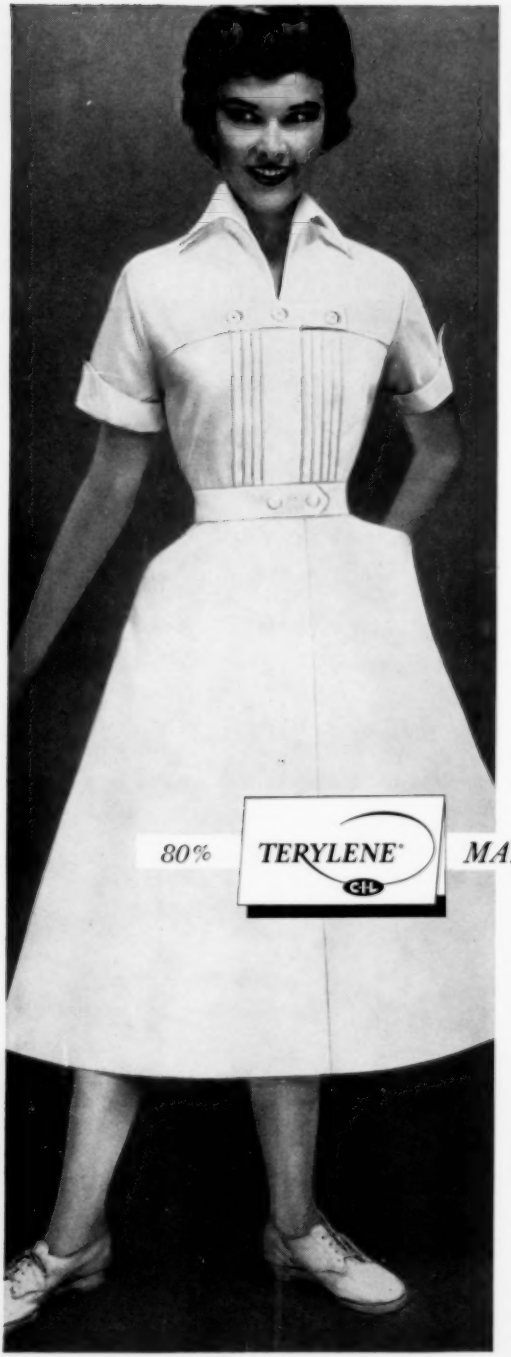
(See Page 334)

HE CANADIAN NURSES' ASSOCIATION



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THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 54 **NUMBER 4**

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Editor and Business Manager
MARGARET E. KERR, M.A., R.N.

Assistant Editor
JEAN E. MacGREGOR, B.N., R.N.

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Between Ourselves

SOMETHING NEW HAS BEEN ADDED! Did you spot the **new crest** of the Canadian Nurses' Association on the cover of this issue before you even looked at this column? We will give you A for your powers of observation if you saw it. Reproduced below, without benefit of the color, is a larger picture of it. The symbolic Nightingale lamp centred in our national emblem, the maple leaf, gives the crest a significance and simplicity that will make it easily recognized the world over. If you have forgotten how complicated and cluttered the old crest was, look back at the cover of last month's issue. If you wish to brush up on the struggle it has been to come to a decision regarding a suitable crest, turn to Nursing across the Nation.

Being a vice-president of the CNA is no sinecure. Each of our three is also the chairman of one of our major national committees. Our guest editor, **Edna Agnes Electa MacLennan**, is both the third vice-president and chairman of the Committee on *Nursing Service*.

The energetic director of the School of Nursing, Dalhousie University, Halifax, Miss MacLennan is a firm believer in the thesis that nurses will perform their duties more efficiently and effectively if they know the "why" of every service they may be called upon to give as well as the "how." To that end, under the sponsorship of the School, she has actively promoted very worthwhile annual institutes. During the first week of March this year, for example, many of the aspects of nursing service to cancer patients were explored for the benefit of a large enrolment of more senior nursing personnel. We shall be sharing a number of the papers presented during that institute in a later issue of the *Journal*.

Born in Nova Scotia, Miss MacLennan secured her B.A. at Dalhousie University before entering the school of nursing of Royal Victoria Hospital, Montreal. Later, she earned her M.A. at Teacher's College, Columbia University. Her service experience has been broad in both institutional and public health nursing fields. Miss MacLennan was an assistant professor in the School for Graduate Nurses, McGill University before she undertook the organization of the School at Dalhousie.

* * *

If and when the time comes that we are able to publish *L'Infirmière canadienne* as a separate periodical, it is our intention to have translations of the articles from each journal appear simultaneously or in immediately succeeding issues. Since we have no completely French issue as yet, we have secured authors who have discussed the provisions that are made for the *care of the health of student nurses* in both English and French schools of nursing in Montreal. The problems are slightly different among the two language groups. Do try to read all four of the articles.

* * *

The new *staff locator system* that Miss **Ira Sen** describes really works most effectively. In no time flat it is possible to reach a member of the staff by telephone at the Queen Elizabeth Hospital in Montreal. It is well worth investigation by other hospitals.

* * *

We like the caption chosen for the pageant on nursing that is to be a prominent feature of the 50th Anniversary convention next June. "Cavalcade in White — a Story of Nursing in Canada." It will be exceedingly interesting.

You do know that this pageant is open to the general public too, don't you? Send soon for your tickets because though the Coliseum is large, it is being estimated that attendance at the convention will be too. There were nearly two thousand registrants at Winnipeg in 1956. National Office is figuring on perhaps double that number for Ottawa.

APPLICATION

CANADIAN NURSES' ASSOCIATION

Association des Infirmières Canadiennes

50TH ANNIVERSARY MEETING

Congrès du Cinquantième Anniversaire

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Active member—*Membre actif*.....Associate member—*Membre associée*.....

If student nurse—school of nursing—*Si étudiante-infirmière—nom de l'école*.....

CLASSIFICATION: (Please insert check mark where applicable); *(Veuillez indiquer une marque à la place appropriée);*

Hospital *Hôpital*..... Private nursing *Service privé*..... Public Health *Hygiène Publique*..... Occupational Health *Industrie*.....

Other *Autre*..... (specify) *(spécifier)* Student nurse *Etudiante-infirmière*.....

Staff *Service Général*..... Supervision *Surveillance*..... Teaching *Institutrice*..... Administration *Administration*.....

Kindly enclose registration fee: R.N.—$10.00; Student—$5.00
Veuillez inclure les frais d'enregistrement: I.I.—$10.00; Etudiante-infirmière—$5.00
Make cheque payable to CANADIAN NURSES' ASSOCIATION, 270 Laurier Ave. W., Ottawa, Canada.
Faites un chèque payable à l'ASSOCIATION DES INFIRMIERES CANADIENNES, 270 ouest, ave. Laurier, Ottawa, Canada.
No refunds after June 21, 1958. *Aucun remboursement après le 21 Juin 1958.*

CUT ALONG THIS LINE

ACCOMMODATION — LOGEMENT

Congrès du 50ème Anniversaire
Parc Lansdowne, Ottawa, Canada
23 — 27 juin, 1958.

50th Anniversary Meeting
Lansdowne Park, Ottawa, Canada
June 23 — 27, 1958.

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Type of Accommodation—*Mode de logement:*
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Bath *Avec bain*					
No Bath *Sans bain*					

Members of Nursing Sisterhoods please indicate Order to which you belong:

Si vous faites partie d'une communauté religieuse hospitalière, veuillez indiquer l'ordre avec lequel vous êtes affiliée:

.....

(Over) *(Tournez)*

Items of Special Interest

Registration

Those who have sent in the preregistration forms and fee will be the lucky ones. No standing in line for you!

For others who have not registered:

Sunday — 10:00 A.M. to 3:00 P.M.
National Office
270 Laurier Ave. West,
Ottawa

Monday — 8:15 A.M.
Main entrance, Coliseum,
Lansdowne Park, Ottawa

* * *

Buffet luncheon will be provided each day at the Coliseum for the convenience of all registrants. Tickets will be available at the Registration desk — price, $1.50 per day.

* * *

Breakfast, luncheon or supper meetings of alumnae members and kindred groups should be planned in advance. Write to the Arrangements Committee, in care of National Office, not later than May 15th.

Simultaneous translation will be available at all business sessions and for the Mary Agnes Snively Memorial Lecture.

* * *

Living accommodations are being handled through National Office. Look over the listing on the following page, then complete the form on the reverse side.

Special arrangements have been made for all of the Religious Sisters.

* * *

Information regarding the ***special tours*** being arranged for the free afternoon on Wednesday, June 25 will be available at the Registration Desk. Tickets should be purchased there.

* * *

Application forms for ***tickets for the Pageant on Nursing*** — "Cavalcade in White — A Story of Nursing in Canada" — were published in the March issue of The Canadian Nurse. Be sure to specify whether you want tickets for Monday or Tuesday night.

Arrival Date
Date d'arrivée .....

Hour
Heure: .....

By Special Train:
Par train spécial: C.P.R. .....

Regular Train — *train régulier* .....

Airline — *avion* .....

Bus — *autobus* .....

Motor — *automobile* .....

PLEASE RESERVE EARLY — *S.V.P. RÉSERVEZ TÔT*

IMPORTANT

Please state date of arrival in order that accommodation may be reserved.
Veuillez s.v.p. indiquer la date d'arrivée, afin que nous puissions faire vos réservations.

Please return forms to:
S.V.P. retournez ces formules à:

Canadian Nurses' Association,
270 Laurier Avenue West,
Ottawa 4, Canada.

Convention Accommodation, 1958

HOTELS

Hotel	Address	Rooms without Bath Single	Rooms without Bath Double	Rooms with Bath Single	Rooms with Bath Double
Chateau Laurier	Major's Hill Park				$13.50 to $16.50
Lord Elgin	Laurier & Elgin Sts.				$9.50 to $12.50
Albion	Daily & Nicholas Sts.	$4.00 to $5.00	$5.00 to $7.00		$6.00 to $9.00
Alexandra	Bank & Gilmour Sts.				$8.50 to $11.00
Beacon Arms	88 Albert Street				$11.50 to $13.50
Eastview	200 Montreal Road				$7.50 to $9.50
Riverside	399 Riverside Drive			$7.50 to $8.50	$10.50 to $12.50
Chez Henri	Main St., Hull, P.Q.				$6.00 to $8.00
Interprovincial	7 Baillot St., Hull, P.Q.	$2.50 to $3.50	$5.00 to $6.00		$8.50 to $9.50
Standish	Main St., Hull, P.Q.				$6.00 to $7.00

LIMITED NUMBER OF SINGLE ROOMS

Kindly Indicate Your Willingness to Share Accommodation in Hotels & Motels

MOTELS — MOTOR COURTS

Name	Address	Rates Two Persons Minimum	Rates Two Persons Maximum
Richmond Rd. — Route 17 West to Britannia Heights — Route 15 to Rideau Lakes — Toronto			
Monarch Motel	2 miles W. City Limits	$6.00	$10.00
Route 16 to Prescott, Brockville, Thousand Islands, Kingston and Toronto			
Green Valley Motor Court	Prescott Highway		$8.00
Maple Leaf Motel and Court	Prescott Highway	$6.00	$9.00
Sunnyside Tourist Court	Prescott Highway	$5.00	$6.00
Sunny-Del Motel	3 Miles S. City Limits	$7.00	$9.00
Rideau Glen Lodge	3½ Miles S. City Limits	$6.00	$10.00
Route 17 East to Montreal, Laurentians, Quebec and the Maritimes			
Parkway Motel	475 Rideau Street	$14.00	$18.00
Reliance Motor Court	112 Montreal Road	$6.50	$12.00
Forbes Tourist Cabins	533 Montreal Road	$6.00	—
Rockhaven Motel	597 Montreal Road	$8.50	$10.00
Edgewater Motor Court	10 Miles E. City Limits	$5.00	$7.50
Route 17 West to Arnprior, Renfrew, Algonquin Pk., North Bay, Northern Ont., Sudbury			
Macie's Motel	1274 Carling Avenue	$6.00	$9.00
Aladdin Motel	1655 Carling Avenue	$9.00	$10.00
Webb's Motel	1705 Carling Avenue	$6.00	$9.00
Alice's Wonderland Motel	Carling and Roseview	$6.00	$8.00
Riverside Gardens Motel	1½ miles W. City Limits	$8.00	$9.50
Hull, P.Q.			
Motel Fontaine Blue	25 Laurier St., Hull, P.Q.	$9.50	$10.50

New Products

Edited by DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

CHLOR-TRIPOLON COMPOUND SYRUP

Manufacturer—Schering Corporation Ltd., Montreal.

Description—Each 5 cc. of syrup contains: Chlor-Tripolon 1.25 mg., phenylephrine HCl 2.5 mg.

Indications—Upper respiratory and nasal congestion due to the common cold; vasomotor rhinitis, allergic rhinitis; coughs due to common bronchopulmonary congestion or allergy; urticaria, neurodermatitis and other allergic disorders of the skin.

LARGA-DEX

Manufacturer—Poulenc Limited, Montreal.

Description—Combination of Largactil and dextro-amphetamine.

"A" tablets: 25 mg. Largactil, 2.5 mg. d-amphetamine.

"B" tablets: 25 mg. Largactil, 5 mg. d-amphetamine.

Indications—Relieves anxiety and elevates mood. Indicated in certain particular cases where the use of Largactil is desirable but may present difficulties. Especially suggested: When anxiety is complicated by depression; when Largactil alone produces too much somnolence; as a treatment of choice in chronic alcoholics.

Administration—Dosage varies with the individual and with the indication. The suggested dose is: 1 or 2 tablets "A" or "B," 2 or 3 times a day.

MEPROLONE

Manufacturer—Merck Sharp & Dohme, Division of Merck & Co. Ltd., Montreal.

Description—Each scored tablet contains: Meprobamate 400 mg., Hydeltra (Prednisolone) 5 mg., aluminum hydroxide gel 200 mg.

Indications—Symptomatic treatment of certain rheumatic and arthritic disorders, especially those with fibrositis and muscle spasm.

Administration—For initial treatment in patients requiring 15 to 20 mg. of steroid a day, these tablets are suggested in dosage of one 3 or 4 times daily.

REGULEX PLUS

Manufacturer—Elliott-Marion Company Ltd., Montreal 28.

Description—Each capsule contains: Dioctyl sodium sulphosuccinate 120 mg., acetophenolisatin 1 mg.

Indications—Habitual and chronic constipation; in hemorrhoids to assure soft stools pre- and postoperatively.

Administration—Initial stages of treatment of more difficult cases, one capsule 3 or 4 times daily with 6 or 8 glasses of water. For maintenance of soft stools, Regulex capsules may be used.

TETREX INTRAMUSCULAR '250' WITH XYLOCAINE

Manufacturer—Bristol Laboratories of Canada Limited, Montreal.

Description—Intramuscular preparation producing tetracycline blood levels for 24 hours, on a single injection. Each vial contains: Tetrex (tetracycline phosphate complex) 250 mg.; xylocaine hydrochloride 40 mg.; magnesium chloride 46 mg. and ascorbic acid 300 mg. as buffering agents.

Indications—For initial therapy, and until oral medication (capsules or syrup) can be given, for a wide variety of infections due to tetracycline-sensitive organisms.

For prophylaxis in surgery and obstetrics, and when the oral route is not practical—as in newborn infants, debilitated geriatric patients, severely ill or unconscious patients.

Administration—Adults: Usual minimum daily dose; 250 mg. administered once every 24 hours. Children: Doses should be adjusted according to weight of patient and condition treated.

AQUEX

Manufacturer—Mowatt & Moore Ltd., Montreal.

Description—Each tablet contains: 3-chloromercuri-2-methoxypropylurea (brand of Chlormerodrin) 18.3 mg. (equivalent to 10 mg. of mercury) for oral administration of diuretics.

Indications—Nonobstructive oliguria with edema, congestive heart failure, cirrhosis with ascites, premenstrual tension.

Contraindicated in obstructive oliguria.

Administration—Recommended dose is 1 to 3 tablets daily; may be cautiously increased up to 8 tablets per day if necessary. Basic treatment with rest, diet, digitalization and xanthines to ensure a maximum glomerular filtrate is recommended first.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

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School of Nursing
1957-1958

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For additional information, write to:

School of Nursing,
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UNIVERSITY OF MANITOBA

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The following one-year certificate courses are offered:

1. **Public Health Nursing.**
2. **Teaching and Supervision in Schools of Nursing.**

For information apply to:

Director
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Offers to qualified **Registered Graduate Nurses** the following opportunities for advanced preparation:

1. A six-month *Clinical Course* in *Obstetrics.*
2. A six month *Clinical Course* in *Operating Room Principles and Advanced Practice.*

These courses commence in JANUARY and SEPTEMBER of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING
GENERAL HOSPITAL
WINNIPEG, MANITOBA

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Superintendent of Nurses
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The Allan Memorial Institute of Psychiatry of the Royal Victoria Hospital offers six-month courses in Theory and Practice in *Psychiatric Nursing* to *Graduate Nurses* in good standing in their own province.

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Complete maintenance or living-out allowance, meals in hospital and uniform laundry for the first three months. General duty rates the second three months.

For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Cynthia Lidstone, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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Queen Square
London, W.C.1.
and
MAIDA VALE HOSPITAL
London, W.9, England

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1 mo. vacation.
Certificate & Badge awarded.
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School of Nursing, Montreal

COURSES FOR GRADUATE NURSES

1. A four-month clinical course in *Obstetrical Nursing.*
2. A two-month clinical course in *Gynecological Nursing*

Salary—After second month at General Staff rates.

For information apply to:

Director of Nursing
Royal Victoria Hospital
Montreal 2, Que.

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who like them,

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needs —

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A Promising Future

THE REPORT of the proceedings of the First Canadian Conference on Nursing is now available for all to read. I sincerely hope that many Canadians will read it carefully. Its pages literally bristle with suggestions for topics for seminars, group discussions, lectures, sermons even, which should be promoted across the country by every member of the Canadian Nurses' Association in the interest of the nursing profession. Space does not permit the enumeration of even the most pressing items and my selection of nursing service topics does not mean that I consider them more pressing than nursing education or leadership.

In this year of our 50th Anniversary we are perhaps justified in turning back the pages to review our accomplishments. Thus exposed, also, are our failures, and more significantly perhaps than either our failures or accomplishments, our omissions.

The focus of health services in the past has been on the care of the sick, the treating of illness. The rapid advances in medical science in the past quarter century alone have stimulated phenomenal growth in the scope of the health and preventive services now available. It has been stated that the next 25 years may see a complete reversal of emphasis in health and medical services. An emphasis on *keeping people well* is being substituted for the

(Dodge, Halifax)

E. A. ELECTA MACLENNAN

present emphasis on *treating their illnesses.*

It is anticipated that with the initiation of hospital insurance plans there will be a more rapid growth in the utilization of hospitals. Our obvious concern as nurses will be the provision of adequate, appropriate nursing care. Figures studied during the Canadian Conference on Nursing revealed the calamitous fact that we cannot anticipate sufficient nursing care personnel being available in the foreseeable future if we use only present resources. An imaginative use of present personnel is a "must" if we are to maintain any degree of adequacy in nursing services. The *quality* of the service rendered must be safeguarded against undue pressure from the *quantity* of service needed.

In recognizing that there will not be adequate nursing personnel to meet the anticipated nursing care needs, we must focus our attention on ways to lessen the impact of the shortage. We must deal with the personnel we now have, making the best utilization on the basis of our knowledge *but* building for the future with replacements *not only* numerically sufficient, but adequate in relation to quality. More effective ways of carrying on inservice educational programs are greatly needed. The shortage of nurses prepared for leadership functions within the profession would seem to be one of our major problem areas. The hope of the future for adequate nursing staff lies in the quality of the nursing education made available.

In seeking new sources of nursing personnel, it is becoming obvious that auxiliary personnel (by whatever name they are known) are a necessity and an asset. We need to clarify and secure widespread understanding of the roles of the various professional and non-professional personnel. More important, perhaps, is the need for all of us to recognize the expanding nature of these roles. We are faced with the immediate problem of defining the role and function of auxiliary workers. This brings us to another need — the need to study the different technical and professional skills required by various personnel at various levels.

It has been proposed by World Health Organization committees that greater recognition should be given to the part the nurse could contribute, especially at the administrative level, to the planning and development of comprehensive health programs.

It has been recommended that continuity of nursing care between hospital and home be considered very carefully, and an organized service of skilled public health nursing in many areas of the country should be a part of any wise planning for the future.

In our search for better ways and means of meeting the health needs of our people *in general*, let us not lose sight of the needs of our people in particular — our PATIENT. While acknowledging the lessons of the past we must not become tradition-bound but, remaining true to our fundamental philosophy, should courageously explore new avenues for more effective ways of fulfilling our obligation to society.

The past activities of the nursing profession have helped to determine its present character and by the same token the nature and quality of current efforts are helping to shape the future.

In spite of the many evident problems the future is bright with promise. The fulfillment of that promise rests on the shoulders of every one of us. May our assets offset our limitations and our stewardship prove wise and alert in the next 50 years.

E. A. Electa MacLennan
Third Vice President
Canadian Nurses' Association
Chairman, Committee on Nursing Service

The Canadian Red Cross Society has recently published the French edition of its *Home Nursing Manual.* Copies may be procured from National Headquarters or from the provincial divisions at a cost of 25 cents per copy.

Sparetime activities should differ as much as possible from the regular job. If the latter is a sedentary one spent at a desk, it is a good idea to take up recreation that will involve outdoor exercise.

— Dept. of National Health & Welfare

The Medical Care of the Student Nurse

M. Dorothea Mellor, M.D.

In a broad sense the medical care of the student nurse may be divided into four categories, as follows:

1. Ensuring that she has a good enough physique and adequate health to attempt nurses' training.
2. Keeping her in as good health as possible.
3. Treating disease as it occurs.
4. Advising students regarding problems pertaining to their health, both mental and physical.

To submit a medical history and report of physical examination at the time of application to the school of nursing is, of course, essential. It is only in this way that unsuitable candidates, from the point of view of health, may be excluded before they have expended the time and money which embarking on such a career entails, not to mention the disappointment and frustration which occur should they have to discontinue.

There is one point which should be stressed in this regard. It is not in the interest of the prospective student to omit facts from the medical history; neither is it wise to have an incomplete physical examination which does not mention significant details. These facts sooner or later come to light, to the annoyance of the school of nursing, unwarranted expense to the hospital and disappointment to the student who may have to give up her course as a result. Fortunately, such cases do not occur very often but it is only in the interests of all to insist on good health as a prerequisite to nurses' training.

Much of the work among student nurses falls into the category of preventive medicine. In so far as it is possible, students are protected by various immunizations, periodic physical rechecks and chest x-rays. From a medical point of view there is much of interest in these routines. Pretraining immunization against smallpox and typhoid and later immunization against diphtheria have resulted in these diseases being almost an unknown occurrence. More recently much work has been done with B.C.G., Salk and influenza vaccines. Although there has in the past been much difference of opinion regarding B.C.G. vaccine, at present I feel most authorities are in favor of it. I have seen it administered to many hundreds of nurses, who are Mantoux negative and whose chest x-rays are clear, without any unpleasant results and without a single case of tuberculosis developing in those who have received the vaccine.

The fact that after a period of years the Mantoux reaction, which becomes positive following the successful administration of B.C.G. vaccine, reverts to negative in a great number of cases is a very interesting observation. Positive Mantoux reactions following vaccination by the intradermal method seem to remain no longer than those obtained from the scratch method, but what relation this bears to the degree of immunity is as yet unknown.

Experience with Salk and influenza vaccines has proved that they are indeed worthwhile. True, they do not protect in every case, but then what vaccine does? A large enough percentage is protected to make the procedure a desirable one.

Nurses are only human and as such fall prey to human diseases at times. Fortunately, in the age group of the student nurse, the incidence of serious conditions is not high. When they do occur all the services of the hospital are there to come to her aid.

The daily consultation hour is a most important item in any health program, for by encouraging contact over minor problems many major ones can be prevented. In this respect, a health service staff which has worked together for some time is of tre-

Dr. Mellor is in charge of the student health program at the Royal Victoria Hospital, Montreal. She has a similar program among the young women students of Royal Victoria College, McGill University.

mendous help, for only by gaining the respect and confidence of the young student can we hope to get them to consult us about their problems and anxieties. Many, I know, consider this work dull and routine but it is far from it — often one has to exercise one's diplomacy, ingenuity and tact as much if not more than one's medical knowledge!

Nurses' Health Service

HELEN PERRY

TO KEEP PACE with the extraordinary advances in medicine, surgery and public health, nursing as a profession has had to gear itself to produce highly skilled technicians with a background of knowledge sufficient for the nurse to work smoothly and intelligently with others in the science of healing. These skills must always come as secondary to the various aspects of patient care as the nurse exercises her function at the bedside of the sick.

It has been the task of nursing educators to develop a course of study that will produce in the required time, mature, informed young women with sufficient knowledge and sound practical experience to cope with the rapid changes in thinking and the advances in the field of medicine. The candidates for such training must be carefully screened and chosen, as higher educational standards are required for entry. The great majority of student nurses today are still teenagers, often requiring help and guidance as they struggle personally to reach a secure maturity for themselves in a situation which constantly demands that they give so much of themselves to those who need their help.

The fact that a student nurse is an individual in her own right, struggling for maturity, with problems and desires of her own, is being more and more realized by educators and administrators. Curriculi are created with this in mind and definite personnel or departments are consciously aware of their function to help in this regard.

Miss Perry is in charge of the Nurses' Health Service program at the Montreal General Hospital.

In the Montreal General Hospital School of Nursing, the Nurses' Health Service is geared to serve such a purpose. When a student nurse crosses the threshold of Room 413 in Livingston Hall, she immediately becomes the all-important person. She may be a girl with a problem or a patient requiring skilled medical and nursing care and understanding. The staff of this department is comprised of three graduate nurses and one very understanding doctor. All the facilities of the hospital for diagnosis and treatment as well as the kind help of the medical and surgical staff are at the disposal of the department and without them it could not function.

The purposes and aims of the department can be outlined as follows:

1. To require a high standard of physical fitness for all students entering the school.
2. To maintain throughout training, optimum health for all students and to correct defects when found.
3. To give medical and nursing care to sick nurses.
4. To teach, by example, good nursing practices.
5. To create an atmosphere of trust and confidence so that the students can feel free to come with their personal problems and worries.

One of the requirements of all candidates wishing to enter the school of nursing is that she secure a very comprehensive medical report from her own physician. Each report is carefully considered by the doctor in Health Service and any deviations from normal are checked — such as over- or underweight, heart or thyroid disturbances, enlarged tonsils or postural anomalies. If any of these impair-

ments are found to be too great or cannot be corrected then the girl will not be accepted into the school. A chest x-ray must also be submitted and vaccinations against smallpox, typhoid and tetanus completed.

After the candidate is accepted and enters the school she submits to further tests. Blood is taken for blood Wassermann and hemoglobin; Schick and Mantoux tests are done. All positive Schicks receive diphtheria toxoid and all negative Mantoux, B.C.G. Each student not already immunized against poliomyelitis receives Salk vaccine.

Through classroom teaching the health teacher, who is also the nursing supervisor of Health Service, explains carefully to the students what the different tests and treatments are so that they may intelligently cooperate in the procedures. Very naturally, the student has fears and anxieties about matters she does not know or understand; thus, the little time and trouble it takes to explain things we so easily take for granted, can help to allay her worries.

Each year during her training the student has a complete physical examination in Health Service with a chest x-ray every six months. The physical examinations are arranged on an appointment basis so the student will have time to discuss anything about herself that is causing her concern, or with which she may have identified herself. The latter is a natural phenomenon among student nurses. Any defects noted are carefully followed, checked and in a great many cases corrected. Such problems include enlarged infected tonsils, dermatitis, back strain, early varicosities, impacted wisdom teeth, amenorrhea, obesity or loss of weight.

Infected tonsils are considered a serious focus of infection, not only for the nurse herself, but for the patients with whom she is in close contact. Where necessary, surgical removal is arranged in consultation with the surgeon, the Teaching Department, Nursing Office and rotation supervisor. The student loses about two weeks' time.

Any skin eruption such as acne, warts or dermatitis can provide an avenue for the entry of infection into the body through the skin, as well as being a very real matter of concern for the student. The chief of staff of the Dermatology Clinic does a masterful job in caring for such unfortunate students.

Immunization Clinic

Back strain is the burden of very tall or very short students for whom the hospital bed was not devised. However, many times this problem can be prevented through proper body mechanics and all nursing procedures are taught with this in mind. There are still a few who break down under stress and require the help of orthopedists and physiotherapists.

Varicosities are an occupational disease among nurses so legs are examined carefully to pick up early signs of breakdown. Many can be helped by posturing and wearing elastic stockings but there are the few that require surgical treatment. Such treatment is arranged through planning with the various personnel and departments involved. The student usually loses a month's time.

The age group in which our student body falls is the time when they become subject to the problem of erupting wisdom teeth. Some of these become impacted, requiring extraction.

Amenorrhea is a phenomenon of and is a great cause of worry to nurses in training. In most cases the condition is a temporary one and normal function returns without any apparent harm to the organs involved. However, every case is carefully checked to be sure that the function of the reproductive system although dormant has not been destroyed or impaired.

Each student is weighed every two months and any remarkable increase

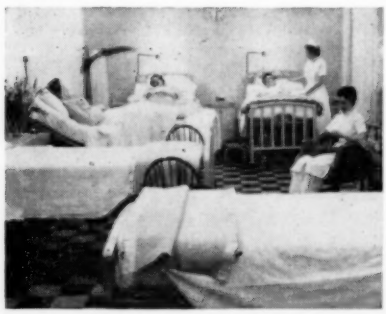
or decrease in weight is carefully investigated.

To help the students maintain a regime of optimum healthful living, classroom teaching is done by the health nurse in personal hygiene and health practices.

To cope with the daily round of illnesses which could arise among any group of normal human beings — our group averages 300 students and over 300 graduates, nursing assistants and dietitians — the Health Service holds a clinic at 8:30 A.M. each morning with the doctor in attendance. Here are reported the upper respiratory infections, dysmenorrheas, infections, insomnias and all the ailments that disturb and fret. The problems are assessed and treated or placed under observation.

In conjunction with Health Service there is an infirmary of five beds where nurses, both student and graduate, can be admitted for treatment. It is a cheery pink and blue room, thanks to the kindly efforts of the Women's Auxiliary of the hospital who undertook the chore of complete redecoration last summer. No student is cared for in her own room in the nurses' home but must come, with her radio, tooth brush and boy friend's photograph, to the infirmary. There she is given food, medicines, treatments and TLC.

Their time spent as inmates of the infirmary can be a valuable learning experience for the students as they see illness for a while from the other side of the bed and can obtain a patient's view of the situation. The nurses in attendance are very conscious of the teaching opportunities and all nursing procedures are carried out as much as possible as they are taught by the nursing arts instructor. All sorts of interesting procedures are observed and experienced, such as, gastric analysis, intravenous therapy, blood transfusions, proctoscopics and intramuscular injection. It is felt that any nurse undergoing these treatments can be much more sympathetic towards her patients afterward. Having a bed bath or back rub can teach her something, even if it turns out to be how *not* to do it.



Nurses' Infirmary

Nurses who must be on complete bed rest or who require surgery are admitted to a private room in the hospital.

The M.G.H. is no exception to the growing trend of having a large part of the professional trained staff come from all over the world and very transient. There are nurses from the British Commonwealth, the United States, European immigrants who are new to the country, and nurses from all over Canada. Often these girls are without ties of any kind, living in rooms and not knowing where to turn for help if they become ill or disturbed. The Nurses' Health Service has offered its facilities and assistance to all. It is being made use of more and more. Routine yearly physical examinations are done which include chest x-rays. Medical and nursing care is provided if necessary when any member of the staff becomes ill.

The three years a girl spends in a school of nursing are very crucial ones in her personal development. She is emerging from the turbulent years of adolescence to become a mature woman, the finished product of her own particular heredity and environment. This final adjustment must be made in an atmosphere that demands a great deal of her and oftentimes she feels unequal to the task. It is helpful to know there is an understanding heart and a listening ear in NHS. The problems they bring are varied, including home problems, apparent inabilities to cope with studies or professional duties or inadequacies in dealing with interpersonal relationships either in or outside the hospital.

No problem is ever considered too small or trivial when it is being discussed with the staff of Nurses' Health Service. Many times the only thing that is needed is to be a good listener.

Another time a little guidance may be given to help the student solve her own problem.

There are a few girls who are obviously disturbed and require the trained, expert help that the psyhiatrist can provide. The Department of Psychiatry is prepared to give generously of its time and services in helping any girl to understand herself and adjust to her problems, after she has seen the need to obtain such help.

It must be understood, of course, that the great majority of students are quite capable of meeting and coping with their own problems and remain in excellent health so that the only time they are seen in the Health Service is when they have their yearly physical examination. However, we are one big, happy family. Very often the first stop that is made when a new graduate gets her shiny, glistening medal and obviously new white uniform is Health Service. Many are the beautiful brand-new diamond rings we see along with the sparkling eyes. Frequently, secret plans for the future, too good to keep, or the prospect of wonderful trips are shared because they know they will remain secret till the time comes for such plans to be divulged.

Besides keeping in trim and patching up this extraordinary group of young women we feel highly honored and privileged that we are able to help at times when life is dark and they cannot see the forest for the trees. Then, they need desperately the friendship and assurance we can give.

A Propos de la Santé des Etudiantes Infirmières

Roméo Boucher, M.D.

Pour parler des observations que j'ai faites au sujet des malaises, maladies et affections que les étudiantes infirmières présentent au cours de leurs études, je ne me servirai pas de cette troisième forme de mensonge qui s'appelle statistiques. Par expérience, je sais ce qu'on peut leur faire dire et j'ignore trop ce qu'on peut leur faire cacher. Loin de moi de nier qu'elles soient une science. Je ne la possède pas assez pour en tirer les arguments que je voudrais. Ce serait du charlatanisme et, un peu partout, on sait bien ce que j'en pense, tout comme de ceux qui font de la médecine sans être médecins.

Depuis une trentaine d'années, j'ai eu l'occasion de traiter beaucoup d'infirmières en stage d'étude. Disons tout de suite pour contenter tout le monde, surtout pour assurer, que leur santé s'est fort améliorée. Je n'ai crainte de le dire, grâce à une nourriture plus adéquatement choisie pour leurs besoins et leur travail. Grâce aussi à une meilleure sélection des élèves. Je ne connais guère d'écoles d'infirmières où un examen médical d'entrée ne soit pas de rigueur. Je n'en connais pas, non plus, où l'examen périodique ne soit pas de règle. S'il en existe, ce sont des écoles singulièrement en retard et qui ne méritent pas ce nom. Ces examens d'entrée et périodiques, il faut qu'ils soient faits soigneusement et non pas bâtis sur un simple questionnaire, auquel répondent plus ou moins sérieusement les candidates. Stéthoscope, marteau à réflexe, rayons X, laboratoire (urines, sang, etc.) ne doivent pas servir qu'aux malades hospitalisés. Les premières à en profiter devraient justement être celles qui vont graviter journellement autour d'eux. Comme on a toujours dans la bouche l'affreuse expression "check up," c'est le temps de le faire ou jamais.

Pour en revenir aux constatations que j'ai faites non seulement à l'hôpital, dont je dirige le service de médecine, mais ailleurs également au hasard de la clientèle, je dois dire que l'éducation familiale compte pour beaucoup dans l'incidence pathologique des étudiantes infirmières. On a beau avoir vécu dans

Professeur Roméo Boucher est le Chef de Médecine à l'hôpital St-Luc, Montréal.

ce qu'on est convenu d'appeler une excellente et honnête famille, si frères et soeurs sont très nombreux et en bas âge, si la nourriture n'est pas variée, si elle est déficiente, si les repas sont irréguliers ou fantaisistes quant à l'heure et à la quantité, si on a laissé les enfants — en l'occurrence la future aspirante infirmière — mener une vie agitée, se coucher à des heures impossibles, se lever au milieu du jour ou même l'après-midi, pour l'une qui traversera — et péniblement — ses stages d'études, il y en a deux qui flancheront en route, qui seront peut-être obligées d'abandonner, qui seront sûrement, toute leur vie d'étudiantes, retardées par des absences parfois prolongées. J'ai connu trois soeurs qui n'ont pu terminer, les trois pour la même raison; et que d'autres, soeurs également, avaient les mêmes causes de retard dans leurs cours.

Et ceci m'amène à parler de toutes celles qui ont subi, pendant leurs années de couvent, un régime de vie absurde, imposé par un règlement moyenâgeux qui n'est plus de mise aujourd'hui. Je me rappelle encore la réaction que j'avais creée au début de la guerre en rapportant de multiples observations de couventines présentant des troubles graves dus à une alimentation défectueuse, irraisonnée, dans la grande majorité de cas déficiente, au manque d'exercice physique, à des obligations vestimentaires parfaitement stupides, à un manque de surveillance des lois hygiéniques les plus élémentaires.

Dans nos villes, dans nos grandes institutions, on a enfin compris, il faut honnêtement le dire. Mais que d'obscurantisme, que d'étroitesse d'esprit règnent encore dans beaucoup des institutions de province. On dira sûrement que j'exagère. C'est qu'on n'a pas, comme moi, fait une enquête sérieuse, ni compilé de multiples observations que je suis prêt à publier, ou à discuter avec qui que ce soit. Comment expliquer, par exemple, que les étudiantes anglophones, fort peu portées vers l'internat, ne subissent pas les mille et un tracas de santé de nos étudiantes francophones qui ont passé leur adolescence dans un de ces couvents arriérés au point de vue hygiène? Dès leur deuxième année, elles ont un absentéisme — celles-là du moins — beaucoup plus marqué que leurs camarades de langue anglaise. Fatigue, anémie hypochrome, troubles de la menstruation, amaigrissement, constipation, hyperthyroïde, infections multiples et fréquentes, tout cela greffé sur un organisme déjà hésitant au départ.

Cependant, on aurait tort de tout mettre au passif des couvents et des familles. Il y a souvent un manque de la part des écoles d'infirmières qui reçoivent ces jeunes filles à un âge de plus en plus fleuri. On y accepte des élèves, d'accord; c'est même leur but premier. On les instruit ensuite. Mais que fait-on en certains milieux pour les inciter et pour les inviter à l'hygiène du corps et de l'individu, davantage exigée par leur nouvelle vie? Pour l'hygiène de l'âme, je suis bien tranquille, ce sera le plus grand sinon l'unique souci. Mais comment l'obtenir sans l'autre? Comme preuves de mauvaise hygiène, pensons à toutes celles qui viennent consulter pour tous ces troubles que je viens de mentionner et dont elle est la cause première.

En ce qui regarde l'appétit et la nourriture, à force de les interroger sur leur mode de vie, que je connais bien cependant, j'en arrive à les classer — et ce n'est qu'un exemple entre cent autres — en trois catégories bien distinctes:

a) celles qui ne savent pas manger;
b) celles qui ne mangent pas;
c) celles qui mangent trop.

La première catégorie comprend ces élèves qui, d'une nourriture familiale et acceptée aux repas selon leur fantaisie et pendant toute leur jeunesse, arrivent devant un repas non prévu par elles et qui refusent de manger parce que cela ne correspond pas à ce qu'elles ont l'habitude de voir dans leur assiette. Aucune variété ne leur plaît. Elles n'ont souvent jamais de leur vie mangé autre légume que "des patates et des repatates tout le temps," la plupart du temps frites ou ingurgitées entre les repas parce qu'elles peuvent s'en approvisionner facilement à la friture hellénique du coin. D'autres refusent la viande parce que ce n'est pas "du steak" — elle n'ont connu rien d'autre, sauf la dinde, qu'elles appellent ordinairement "du" dinde. D'autres enfin se bourrent de cette nourriture distinguée et bien mijotée qui s'appelle "hot dog," à toute heure du jour et de

la nuit. Restent celles, nombreuses, qui ne mangent jamais de fruits ou de légumes. Enfin, comme on le voit, il y en a pour tous les goûts ou, plus exactement, pour tous les manques de goût et les mauvaises habitudes.

La deuxième catégorie comprend celles qui prétendent n'avoir jamais faim et se sentir très fatiguées. Elles consultent généralement quelque temps avant les vacances de Noël ou de Pâques. Tout le monde sait bien ce que cela veut dire. Quatre-vingt-dix pourcentage d'entre elles n'ont pas de troubles sérieux. Plusieurs fois, j'ai demandé à leur directrice de les surveiller. Ce sont elles qui, au lieu de potage, s'envoient avant de manger deux ou trois verres de lait et qui grignotent ensuite lamentablement dans leur assiette, ce qui est bien compréhensible pour un estomac ainsi lesté de liquide et de caséine. En général, à des heures irrégulières, elles mangent tout ce qui leur tombe sous la dent quand . . . le lait est digéré, en se plaignant que, pendant les cours ou en service, elles ont des crampes d'estomac ou des coliques. On en aurait à moins.

Quant aux 10 pourcentage qui restent, c'est affaire de médecin d'en déceler la cause organique, fonctionnelle ou psychique, cette dernière tant négligée. N'oublions pas que ces jeunes filles sont à l'âge où tout choc moral, quel qu'il soit, peut avoir des répercussions.

Enfin, il y a la catégorie de celles qui mangent trop. Eh oui, il y en a! Plus nombreuses qu'on croit. Elles se bourrent à table, au restaurant, en service, dans leur chambre, au cours de leurs sorties. En bref, on dirait qu'elles ne vivent que pour mastiquer. Elles deviennent de larges obèses, polyphagiques étonnantes, la plupart du temps aménorrhéiques, que l'on traite pour les troubles les plus divers, au cours de la deuxième année surtout.

En dernier lieu, l'exercice physique. Que d'écoles ne s'en préoccupent pas suffisamment. Nous sommes à une époque moderne et modernisée. La jeune fille ne peut vivre comme leurs grand' mères. Elle ne réagit pas, non plus, comme elles. Il faut savoir le comprendre. Les directrices qui ne l'acceptent pas manquent à leur devoir et se préparent des statistiques de maladies, assez lourdes pour leur école. Je peux relever dans mes observations le cas de plusieurs élèves que le patin, le ski, le tennis, la vie au grand air, à des heures déterminées et obligatoires, ont remises sur pied beaucoup plus rapidement que la ballade en auto avec les parents, le cinéma avec le petit ami et la cigarette ou la télévision en groupe. Il s'agit d'y penser, de s'en faire une idée une fois pour toutes et, surtout, d'y voir de façon pratique et efficace.

On m'excusera de ne parler que de choses générales et de ne pas apporter ici de chiffres précis d'appendicite, d'ovarite kystique, d'entérite, de constipation, de troubles menstruels, de pneumonie, de grippe, de tuberculose, de cancer, etc. Ils existent. Que vont-ils prouver si une sélection raisonnée et prudente ne préside pas à l'organisation d'une école d'infirmières? Si les causes médiates et immédiates des maladies ne sont ni dépistées ni supprimées?

Enfin, un conseil d'ordre pratique, beaucoup plus important qu'on croit. Ma longue expérience de médecin examinateur d'étudiantes infirmières m'oblige à dire ouvertement qu'il est ridicule, inutile et fort peu raisonnable de ne pas laisser une étudiante s'expliquer *seule* avec le médecin. Dans ce colloque entre malade et médecin, il existe toujours, surtout à cet âge, des nuances de psychologie et d'observation que la présence d'une tierce personne inhibera sûrement. Qu'on laisse donc de côté, une fois pour toutes, cette obsession — on sait de laquelle je veux parler — qui fait, hélas, le fond d'une attitude soi-disant bien pensante ou bien croyante. Vous voyez-vous, qui me lisez, allant à confesse avec votre directrice, une cousine, une parente, une amie? Il y a bien des chances de restrictions mentales. C'est la même chose pour une consultation médicale. Que de drames, que d'inquiétudes, que de carrières brisées auraient été évités avec un peu plus de discrétion de la part des directrices. Que de retours à la santé, aussi bien morale que physique, il m'a été permis d'obtenir par une franche et nette confiance entre consultante et consulté. Ce qui ne serait certainement pas arrivé, si une observatrice, quelle qu'elle soit, fut intervenue dans ce colloque strictement personnel.

Je m'excuse maintenant d'avoir peut-être passé à côté du sujet qu'on m'avait

demandé de traiter. Comme j'ai l'habitude de dire ce que je pense, je n'ai pas hésité à saisir cette occasion d'exposer certaines réflexions que je rumine depuis longtemps. En trente années de soins et d'examens médicaux d'étudiantes, petit à petit se sont cristallisées dans les cellules de mon cerveau des opinions devenues à la longue des vérités ou des certitudes, dues à l'expérience et à la connaissance de faits précis.

Le Service de Santé dans une Ecole d'Infirmières

Soeur Bachand

Une école d'infirmière dont le but est d'assurer l'éducation intégrale de ses étudiantes doit prévoir, dans son organisation un service de santé qui tienne compte de toute la personne humaine des élèves.

Ce service de santé, dont le but essentiel est d'amener l'étudiante à réaliser le mieux possible dans sa vie un équilibre physique et mental qui facilite sa formation professionnelle, doit être dynamique et adapté aux exigences d'aujourd'hui. En effet, les jeunes filles confiées à nos écoles doivent prendre conscience du rôle actif qu'elles ont à jouer dans le programme de santé que nous leur offrons. Leur apprendre tôt le côté positif de l'état de santé est pour nous un impérieux devoir. Nos étudiantes saisiront bien vite alors qu'un tel programme ne peut être statique, et surtout elles comprendront que pour réaliser un maximum d'efficacité il doit être compris, accepté et vécu.

Le service de santé aura alors aspect préventif, un aspect curatif et un aspect de réhabilitation. Voici un plan sommaire d'organisation d'un tel service.

Aspect Préventif

Il est reconnu aujourd'hui que nos jeunes Canadiennes françaises arrivent dans nos écoles fatiguées. Un de nos psychologues nous faisait cette boutade: "Un grand nombre sont des vieillards au point de vue physique et des adolescentes au point de vue mental." Pourquoi cet état de choses? Il faudrait peut-être étudier les méthodes d'éducation familiale et scolaire de même que le genre de vie de nos familles. Ce serait un intéressant travail à poursuivre, mais là n'est pas notre but.

Pour nous il importe de tenir compte de ce facteur. Il faut alors donner des cours d'hygiène personnelle et d'hygiène mentale dès la probation; des conférences d'orientation à la période préliminaire et tout au long du cours, (nos jeunes oublient si vite); enfin, faire une continuelle corrélation dans les différentes leçons enseignées pendant les trois ans.

Par-dessus tout, il faut faire bénéficier nos étudiantes d'un programme de vie adapté à leurs besoins et surtout, un programme bien compris et bien accepté; tels coucher et lever à heures convenables pour assurer huit heures de repos, 48 heures de travail au maximum par semaine, incluant les heures de cours, congés réguliers hebdomadaires; alimentation adaptée aux besoins des jeunes en pleine croissance; loisirs organisés; au moins trois semaines de vacances par année. Un repos accordé au bon moment permet de prévenir des maladies évitables. L'atmosphère de l'école et de l'hôpital où évoluent nos étudiantes a aussi un rôle très important à jouer dans leur équilibre physique et mental. Alors il importe que notre personnel ait une bonne philosophie de la vie.

Aspect Curatif

Pour répondre à ses fins, un bon service de santé doit être organisé sous la responsabilité d'un médecin et d'une infirmière diplômée compé-

Soeur Bachand est directrice des Infirmières à l'Hôtel-Dieu de Montréal.

tente et expérimentée. L'avantage d'avoir un seul médecin responsable est que celui-ci comme nos bons médecins de famille tient compte de toute la personalité de l'étudiante, de son milieu social et du mode de vie qu'on lui donne à l'école. En effet, ce médecin étant sur le Comité d'Admission et le Comité du Bien-Etre joue un rôle important dans l'orientation que nous voulons donner à notre vaste programme de santé.

Toutefois lorsque l'étudiante le désire ou lorsqu'il est nécessaire elle doit avoir la possibilité de choisir le spécialiste de son choix. Ceci est un principe de liberté qu'il faut sauvegarder.

L'examen annuel de routine et le dossier de santé doit être sous la responsabilité du médecin de l'école qui a en somme un rôle de coordonnateur. Ce qui importe c'est le choix du médecin, à chacun de le faire selon des normes établies entre l'administration de l'hôpital et de l'école. Dans chaque école environ 21 jours de maladie doivent être accordés aux étudiantes régulières avec facilité d'hospitalisation gratuite.

Une petite infirmerie bien organisée à l'école permet de traiter des cas bénins et rend de réels services. Le bureau de santé à l'école doit être pourvu de tout le nécessaire pour l'examen médical annuel de même que pour les traitements d'urgence. Dans les grandes écoles le médecin peut être au bureau de santé une ou deux fois par semaine afin que les étudiantes puissent le consulter au besoin.

Voilà, donner les facilités pour consultations, soit du médecin, soit de l'infirmière, radiographies, tests au besoin, traitements soit à l'école, soit à l'hôpital, programme de vie adapté etc, sont des points essentiels à un bon service de santé.

Aspect de Réhabilitation

L'étudiante hospitalisée doit savoir qu'on lui accordera le repos nécessaire selon la prescription du médecin et qu'à son retour l'école sera contente de la recevoir. A ce moment-là il faudra tenir compte de son état pour lui donner un service adapté à ses capacités. Il est aussi indispensable que la directrice des études réorganise avec elle son programme et qu'on lui donne les facilités nécessaires de reprendre ses cours et même lui en donner en particulier au besoin.

Une étudiante qui sait tout cela sera dans de meilleures conditions pour revenir en santé au plus tôt. Si l'une ou l'autre élève ne peut pour des raisons graves se rendre chez elle pour sa convalescence, l'école devra s'organiser pour la garder afin de lui assurer le maximum de sécurité.

Voilà des règles bien générales mais ce qui importe c'est de comprendre qu'un service de santé doit se préoccuper de toute la personne de l'étudiante tant au point de vue physique et mental qu'au point de vue professionnel et spirituel, l'un ayant une répercussion sur l'autre. Un service ainsi compris et organisé selon ces principles concourra à donner à nos étudiantes ce qu'elles attendent de nous pour être des valeurs personnelles et professionnelles.

Telephone Admitting

A plan for streamlining the admitting of elective patients has been outlined in a recent report in the *Bulletin* of the British Columbia Hospital Insurance Service.

The procedure is as simple as this. The bed is booked by the attending doctor or by his office nurse, at which time the address and telephone number of the patient is given to the admitting officer. Prior to the time the patient is to be brought into hospital, an admitting officer telephones the patient (or relative), explains the purpose of the call, and requests the information required. The patient, upon arrival at the hospital, has little more to do than sign the completed admission form and conclude any necessary financial arrangements. Approximately 90 per cent of the patients in this particular hospital are so admitted and the delay in getting the patient to his room has been reduced to a minimum. The patients appreciate the opportunity to give the data required from their homes and to have questions concerning what they will need during their stay in hospital, answered prior to their arrival. —*Canadian Hospital*, Feb., 1958.

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Despite what internes and residents sometimes think, any patient will tell you that there is no such thing as an uninteresting case.

The Nurse and the Emotional Needs of the Patient

GEORGE C. SISLER, M.D., F.R.C.P. (C)

EVERYONE IS SOMEWHAT interested in emotions because we all have them. Those of us in the healing professions are particularly concerned with these matters because I believe we all recognize that emotional reactions and emotional problems of one kind or another, or one degree or another, are present in all our patients. Nor is there any point in attempting to limit these characteristics to patients only.

We all have emotional problems. It is trite to say that we are all a little queer. Nevertheless, the often precarious adjustment of all of us to this complex matter of dealing with the vicissitudes of life, facing reverses, and handling our feelings, causes us to be aware that we all have adjustment problems. It also may give us an inkling that even many of the serious types of mental illness represent changes only in degree from what we call "normal." We may be threatened by the similarity between our mental reactions and those of the mentally ill. Doubtless this causes us at times to want to ignore this matter of mental illness as something unpleasant.

Public speaking on psychiatric topics is not what it used to be. Prior to the present decade the psychiatrist, when asked to address a group such as this, might confidently discuss some recent advance in our knowledge of the causes and treatment of mental disease with some assurance that this would be news to his audience. Times have changed. The dedicated follower of *Reader's Digest* and *Newsweek Magazine* is right up on these new ideas and treatments. The psychiatrist is frequently, therefore, forced into the anomalous role of trying to point out that these new advances are steps, often only *small* steps, on the way to solving the problems of mental illness.

Dr. Sisler is in the Department of Psychiatry, University of Manitoba. He delivered this address to the Manitoba Association of Registered Nurses, Winnipeg, last autumn.

Let me tell you about a patient.

He was admitted to a general hospital for the investigation and treatment of epigastric pain and vomiting. He was a big, cheerful, talkative, confident man, 22 years old who had never been in hospital before. The usual history was taken by the interne, and a physical examination, x-rays and various blood tests done. He joked with the doctor about these tests and seemed not at all bothered by the whole affair.

However, later on in the day, when things were less busy on the ward and the internes and doctors were away doing other things, he showed a need to talk with the head nurse whenever she was in the room. He would ask questions about the tests — were they painful? Did the technician ever make mistakes in the tests? Would they tell if he had cancer or not? He asked other questions. Was there always a nurse on the ward at night? How well trained are anesthetists? It was evident to the nurse that despite his brave front, underneath it all he was insecure, fearful, and questioning whether he would be looked after properly. The nurse asked him why he was so worried about these things, but he passed this off. He wasn't worried! He was just making conversation.

The nurse let this pass, answered his questions factually, and gave reassurance. However, she decided to pay extra attention to this patient and give him an opportunity to talk with her further. His medical investigation revealed that there was a peptic ulcer causing obstruction. Surgery was recommended by his doctor. On hearing this, the patient told the doctor that he thought he would not have the operation — he had to get back to his business, the stomach trouble would likely clear up in time anyway, and so on.

That afternoon, while preparing to leave hospital, he began to feel anxious, fearful and depressed. The vomiting, that had almost disappeared, became worse. While the nurse was assisting him as he vomited he suddenly began to weep. A big man weeping!

The nurse comforted him as only nurses know how and then he began to talk. He was terribly frightened of the whole illness. He was unmarried, the only son of a widow, and had lived at home with his mother until she died of carcinoma of the stomach just three months previously. She had overprotected him and he knew it. He had been having a hard time readjusting to his loneliness. When he developed his epigastric pain he was sure that he had cancer too. He wondered if the doctors had made a mistake in his mother's case and that was why she had died. If he had an operation perhaps something would go wrong. He was ashamed of this emotional outburst but just had to tell someone how he felt.

The nurse assured him that he had no need to be ashamed and that his fears were perfectly understandable. She let him talk a little about his mother. Then she suggested that next day he should ask his doctor about both his mother's illness and death, and his own fears about his illness and its treatment. He did so, had his operation and got along well.

I know this story because the patient told it to me 10 years later when he was having a recurrence of his ulcer symptoms in the face of frustrations at work. He was certain that if 10 years previously had he not had the opportunity of talking of his fears to the kindly and understanding nurse, his emotional reaction to his illness would have prevented him from accepting the surgical treatment he so badly needed.

The emotional problems of illness, particularly when this illness leads to hospitalization, make it appropriate for a psychiatrist to discuss the patient whose illness is characterized by marked changes in thinking, feeling, and behavior — who is, to all intents and purposes, mentally ill. What can the nurse do to meet the emotional needs of her patients? It is sometimes of help to re-examine the obvious.

Patients are people. They were ordinary citizens before they became ill and were given the label "patient." They will return to being ordinary citizens again after they are well. As ordinary citizens they were handsome or ugly, content or discontent, robust or weak, rich or poor, introverts or extraverts, successful or unsuccessful. Those of us in the nursing and medical profession, to whom people turn when they are ill, can witness, if we are observant, the changing emotional state of John Jones (citizen) as he slowly or rapidly becomes John Jones (patient) and then hopefully returns to his former state of health and takes his place again in the active stream of society.

There are certain general statements that we can make regarding understanding these emotional changes, and they apply to all patients — those with broken legs, cancer, "headache not yet diagnosed," etc.

First, it is worthwhile to attempt to see things from the patient's viewpoint — to see the world through his window. This is not too difficult in a superficial way, for all of us have been ill, most of us have been in hospital for illness, and many have undergone operations of one sort or another. This is a little first-hand knowledge of what it means to be sick. Despite this, however, in the wish to complete our too-full work schedule efficiently and punctually, nurses (and also doctors) sometimes forget how the patient may be reacting to what is going on. We do not become callous or inconsiderate, I hope, but we just find that it occupies us entirely seeing things from our own viewpoint. Thus, we neglect the patient's feelings.

Probably the most apparent change that occurs in the patient's transition from health to illness is *loss of independence*. The change is from John Jones (business executive), boss of the office and sales staff, puffing a cigar and maybe pushing people around a bit, to Jones the patient lying in bed, thermometer in mouth, doing as he is told, in an unfamiliar environment that he only partially understands — with odors of antiseptics, needles, charts, and whispered voices in the hall.

At times we say, or at least we think, that some patients behave like children. There is a good deal of truth in this. In the process of growing up we change from dependent children to independent adults. We put away childish things and to a greater or lesser degree develop the emotional, intellectual, and social maturity that is expected of the adult. Then illness

comes. We stop deciding things for ourselves and other people look after us and tell us what to do. This is, of course, necessary for proper treatment and the patient usually accepts the situation but sometimes only with difficulty. He must have confidence in those that are caring for him — those he depends on. According to his particular personality, and his experience with people he has had to depend on in the past, particularly his parents, he may find it easy or difficult to have this confidence. Because of this need to have confidence in those that they must count on to cure them, patients tend to idealize nurses and doctors. This praise that the healing profession gets from the public and the individual patient, and which flatters all of us, doubtless conceals an uneasy recognition that we too are human and that we may let them down.

Confidence, kindness, and understanding — the attributes of the good parent are what the patient hopes to find in his nurse.

The patient is a *threatened* person. He is threatened by his illness, by words like "cancer," "infectious," "relapsing," "chronic." More and more, the public is becoming informed about illness and being half-informed is sometimes frightened by its implications. The economic and social reverberations in his business and family life are a further concern especially if the illness is a prolonged one or is recurrent or chronic or only partially curable. The patient then has the fear of his illness itself, and the threat of the social and economic results of his illness. These threatening fears are especially marked in some kinds of personalities — the insecure, depressive, self-doubting, schizoid person in particular. They are especially marked in some kinds of illness. One might mention cancer, heart disease, and any illness that interferes with clear thinking. Delirious, confused mental states resulting from renal disease, severe infections or any of a number of other causes, pose a particular threat to the personality since the patient cannot clearly evaluate himself or his environment. These fears are a special problem in persons in certain social situations; for example, the case of the lonely old lady with no relatives who lives in a garret on an old age pension.

The patient needs someone to whom he can talk of his fears. He may find this person in a member of his family or in his doctor. He may not, and may need to put the nurse in this role. He does not often want or expect specific answers to his problems — he wants only a sympathetic, understanding listener.

More than anyone else the nurse sees the patient as he really is. She sees him all day — when he is sitting up tidy and cheerful and brave for the doctor's ward rounds, but also when he is exhausted, tearful, and anxious. The doctor can learn a good deal about a patient's emotional make-up and problems by taking a history and doing a physical examination. But the nurse can also learn much of his strengths and weaknesses, his anxieties and worries in the process of nursing him all day. What I am talking about is something popularly called psychosomatic medicine. This concept does not just refer to worry causing ulcers or migraine or hypertension — it refers to much more. It embraces the idea that the patient's emotional reaction to all the facets of his life situation and to his illness itself will affect its outcome, and particularly how successfully he is rehabilitated to his usual station in life.

The observations that the nurse makes regarding the emotional reactions of her patients are, of course, useful to her in carrying out her nursing duties. They may also be extremely useful to the doctor but only if they are communicated to him. It is the nurse's function, therefore, to tell the doctor of these aspects of the patient's course either verbally or in her nurse's notes.

I would make a plea for complete nurse's notes that tell how the patient is *really* progressing — not only what his temperature and pulse are but also about his behavior, moods, attitudes and so on.

There are two problems here I know. Some doctors aren't particularly interested in hearing of these things and perhaps don't even read the nurse's notes. This is unfortunate! Actually, more and more doctors are interested in these aspects of their patient's progress.

The second problem is that some nurses do not have the training in psychology and psychiatry that is helpful in recording the emotional reactions of their patients. They may know how the patient is reacting but may find it hard to describe what they observe in so many words. Psychiatric courses for nurses are more and more correcting this problem and teaching the student nurse how to describe the characteristics of thinking disorders and mood and behavior change.

The nurse's knowledge of her patients and their emotional problems is often increased by what she learns from visitors, especially relatives. I don't refer in particular to how the patient reacts to visitors (though this information may be helpful) but to the fact that relatives often tell nurses about the personal life and problems of the patient. Sometimes social workers have this liaison with relatives as their responsibility but in most cases it is the nurse who hears of these problems. She is told that someone else in the family is ill, that the patient's wife refuses to visit him, that his brother upsets him, that he may lose his job because of his illness and so on. These events in family and occupational life that precede hospitalization and accompany it, can have a profound effect on the patient's rehabilitation. Unless the doctor knows of these things he cannot plan wisely for the patient's treatment and discharge.

So much for the patient and his family and their problems. What about the nurse? There have been a number of provocative articles in the medical journals recently regarding the general topic — "What is a nurse, what should she do, and how should she be trained?"

It is very important that we think of the problems of the nurse as she carries out her bedside duties. We might consider for a moment that "nurses, too, are people." Nurses have their emotional problems, fears, and prejudices. The nurse may have days in which she feels tired, frustrated, resentful or underpaid. She is called upon to care for, sympathize with, and understand patients of all personality types, all levels of intelligence, all cultural and economic and religious backgrounds. She must care for these patients both when they are cooperative and agreeable and when they are depressed or confused or angry or suspicious. It is clear that to do this calls for great patience, understanding and dedication to the profession. The nurse must do her best to show these attributes as she cares for the sick.

But she must recognize too that there may be some patients she does not get along with and finds it extremely hard to sympathize with. This limitation must be accepted. It is best if this small group of patients can be cared for by someone else. If not, it is helpful at least if the nurse can understand why it is that she finds a particular patient just impossible while another nurse does not. The reason often has to do with the personal experiences of the nurse in her own growing up, in adjusting to and interacting with mother and father, brothers and sisters, teachers and friends. That is, it has to do with her personality. Similar problems come up in any interpersonal situation.

We can meet the emotional needs of others to the extent that we understand the other person and ourselves. I do not suggest that the nurse should spend all her time preoccupied with how her mind works and how she reacts to people and situations. A little of this sort of introspection, however, is useful for those of us on whom others rely for help.

A Japanese noodle-maker has perfected a typewriter that types Braille and the English alphabet simultaneously. His first Braille-English machine is being sent to Helen Keller, famed American deaf and blind lecturer. It enables persons with normal eyesight to correspond with the blind even without knowledge of Braille.

— *Japan Trade Centre Bulletin*

The female death rate from tuberculosis of the respiratory system ranges from a low of 4 per 100,000 in the United States, Australia and New Zealand to a high of 47 per 100,000 in Japan. Pneumonia as a cause of death among women shows a wide variation with a high of 53 per 100,000 in Finland. The lowest death rate from motor car accidents is found in Israel — 2 per 100,000.

Carcinoma of the Breast

GRACE DAVIS

INTRODUCTION

MRS. LOGAN is 67 years of age, weighs 165 lbs. and is 5'7" in height. She gives the impression of being very capable and possesses a quiet determination, although on admission she was nervous and extremely apprehensive.

HISTORY

Mrs. Logan was born in Alabama, U.S.A. She has resided in Canada for the past 25 years as Mr. Logan is employed by the U.S. Immigration. They have three children and eight grandchildren. Mrs. Logan is a twin. It is interesting to note that among the grandchildren there are two sets of twins. The patient is well acquainted with surgery having undergone an appendectomy, tonsillectomy, suspension of the uterus and hemorrhoidectomy previously. In childhood she had measles, whooping cough and chicken pox.

Mrs. Logan has had a watery discharge exuding from her left breast intermittently for approximately two years. At times she experienced a "drawing ache" and a burning sensation about the nipple. Two weeks prior to admission she felt a lump in the inner upper quadrant of her left breast about the size of a small apple. On admission she was found to have a slight sanguinous discharge coming from the nipple.

ANATOMY

The breasts resemble sweat glands in structure but their function places them as accessory organs of the female reproductive system. Each gland is composed of 15 to 25 alveolar glands or lobes which radiate from the nipple into the surrounding connecting tissue as spokes radiate from the hub of a wheel. The breasts are composed of glandular tissue and fat. The nipple contains some smooth muscle and is surrounded by a pigmented circular area of skin called the areola. Under this areola each glandular duct becomes enlarged to form the lactiferous sinus and then becomes constricted again as it enters the nipple. Each duct has its separate opening on the summit of the nipple. The breasts are highly vascular being supplied by the internal mammary and intercostal arteries. An abundant supply of lymphatics join the lymph glands of the axilla. During a radical mastectomy, the lymph glands of the axilla are removed since spread of the disease from the breast to the axilla via the lymphatics is a likely possibility.

ETIOLOGY AND PATHOLOGY

The breast is a frequent site of carcinoma in the female. Although in Mrs. Logan's case the malignant tumor was situated in the inner upper quadrant, the most usual site is the upper outer quadrant of the breast. The cause of carcinoma is as yet unknown. The symptoms unfortunately are usually insidious although any discharge such as Mrs. Logan had for an extended period of time should have called for medical investigation. Usually a non-tender lump is found in the breast, pain is absent except in very late stages, and a dimpling or elevation of the affected breast may be observed. Untreated, the tumor invades the surrounding tissues and extends to the lymph glands of the adjacent axilla. Finally ulceration and cachexia become pronounced. Metastases to lung, bone, brain or liver often occur.

A biopsy of the tumor done by frozen section previous to the radical operation and later verified by examination of the breast after removal, indicated an infiltrating, scirrhous duct cell carcinoma, grade two in this instance. There was no evidence of me-

Mrs. Davis is at the Misericordia General Hospital, Winnipeg, Man.

tastases to axillary lymph nodes.

Treatment and Nursing Care

Good nursing care is essential in any illness but is of utmost importance in carcinoma of the breast. Upon admission to hospital for removal of a breast tumor the patient has the usual fears acquainted with surgery plus the fact that most women have a real dread of cancer. Fear also stems from the emotional trauma of knowing that the breast may be removed. Mrs. Logan was most apprehensive. Kindness, understanding and reassurance were essential factors in her care.

Her temperature, pulse, respiration and blood pressure were checked on admission. Her blood pressure was found to be slightly elevated — 152/80 — due possibly to her emotional state. The blood pressure of every surgical patient must be checked on admission both as an indication of her present condition and as a guide postoperatively. She was instructed to drink fluids freely in the early evening and to fast after midnight. An enema was given at bedtime. The operative area was surgically prepared from the neck to the umbilicus extending from right of the midline anteriorly to the right of the midline posteriorly. The axilla and upper portion of the arm were also included, in the event radical surgery should prove necessary. Mrs. Logan was grouped and matched for 1000 cc. of blood before surgery to combat blood loss should the radical mastectomy be performed. Tuinal gr. 3 was ordered as sedation at bedtime to ensure a good night's rest preoperatively.

On the morning of operation a specimen of urine was sent to the laboratory and found to be normal. A bed bath was given and proved an excellent opportunity for instruction. Mrs. Logan was told to move about as instructed and breath deeply following surgery. She was tactfully informed of the possibility of a fairly long incision. No patient should go to the operating room anticipating a half-inch incision for a tumor excision and return having had a radical mastectomy. Encouragement and reassurance were supplied by the doctor and nursing staff. A preoperative hypodermic injection of morphine and atropine was administered one hour before surgery.

In the surgical theatre a frozen section was done first. It showed carcinoma and a radical mastectomy followed. The latter comprises the excision of the breast and underlying muscles down to the chest wall and removal of the nodules and lymphatics of the axilla. A drain was inserted in the wound and dressings applied snugly. A blood transfusion was started. Meanwhile the patient's room was prepared for her return. A postoperative bed was made and the furniture rearranged to facilitate careful and easy handling from stretcher to bed. The postoperative requisites of blood pressure apparatus, intravenous stand, emesis basin, wipes, tongue depressors, paper and pencil were left at the bedside. The above was done:

1. To facilitate easy and careful handling of the patient.
2. To provide warmth and comfort and so combat postoperative shock.
3. To be able to keep a constant check on the patient's postoperative condition and give effective treatment and nursing care.

On return from the operating room a careful check was kept on the patient's pulse and blood pressure until they had stabilized. These are valuable indices in detecting shock and hemorrhage. Dressings were inspected for bleeding especially under the axilla and the area on which the patient was lying. The blood transfusion was watched as to rate of flow and absorption. Mrs. Logan's left arm was elevated on pillows to prevent lymphedema which is a common occurrence due to interference with the circulatory and lymphatic systems. The catheter from the wound was connected immediately to an automatic electric suction. The tubing was pinned to the bed linen to prevent pull on the suture line. The drainage was checked for any evidence of blockage. This is a system of closed drainage used by some surgeons to prevent the formation of a hematoma and its interference with the even direct contact of skin surfaces. It was removed on the second postoperative day by the doctor. Mrs. Logan was put on an accurate intake and output record. A diet of surgical fluids was allowed to be increased as tolerated.

After postoperative nausea had pas-

sed, the patient was postured in semi-Fowler's position to facilitate drainage and aid respiration. Mrs. Logan was unable to void the first time after surgery though various measures such as a warm bedpan and privacy were used. Catheterization was carried out 10 hours postoperatively with strict sterile technique to prevent contamination of the urinary tract. Morphine gr. ⅙ was given for relief of pain. The patient was encouraged to turn and take deep breaths to avert pulmonary complications. Dressings were inspected for tightness. They should be snug but not so tight that lung expansion is restricted.

Frequent back care affords an excellent opportunity to turn the patient at least every two hours and also prevents formation of decubitus ulcers. In older patients this is a complication that must be guarded against even more carefully than in the very young whose skin tissues are more active and less apt to slough from pressure.

In 24 hours the left arm was given passive exercises. These were increased gradually and combined with active exercises just under the pain threshold. By the 10th day a patient should be able to comb her hair. Failure on the part of the nurse to do these exercises may prolong disuse of the arm and promote the development of a contracture. In all these measures Mrs. Logan proved to be a most cooperative patient. Dressings were changed and the wound inspected by the doctor on the second day. Mrs. Logan dangled her legs with help in the late afternoon. She was allowed out of bed for a short time on the third day.

Adequate assistance is necessary in getting a patient up for the first time. The pulse is carefully checked before and after. Any adverse symptoms necessitate an immediate return to bed. Precise and accurate charting by the nurses throughout Mrs. Logan's hospitalization was one of their major duties. It is on this that the doctor bases his patient's progress and treatment. Mrs. Logan was up and around from the fourth postoperative day, with her arm in a sling to prevent strain on the suture line. Alternate sutures were removed on the seventh day and the balance on the 10th day. She was discharged from hospital on the 16th postoperative day in improved condition.

Drugs

1. *Tuinal* gr. 1½. This drug is a compound of sodium amytal and seconal sodium. A rapid-acting barbiturate, it is a hypnotic and acts on the central nervous system depressing it and causing drowsiness and then sleep. Given to Mrs. Logan orally, she was asleep three-quarters of an hour after administration.

2. *Morphine* gr. ⅙. Morphine relieves pain postoperatively and allays nervousness and excitement preoperatively by depression of the central nervous system in the sensory area. It decreases the depth of anesthesia required.

3. *Atropine* gr. 1/150. It is an antispasmodic and relaxes smooth muscle. Preoperatively it is given to decrease body secretions. Often given in conjunction with morphine it counteracts the depressive effect of morphine on the intestinal tract postoperatively and stimulates the central nervous system.

Prognosis

Mrs. Logan's prognosis is fairly good. As shown by the pathological report there was no evidence of spread to the axillary nodes. Clinical experience shows a rate of cure of better than 70 per cent in such cases. Follow up care is essential and Mrs. Logan has been informed of the importance of this.

Health Teaching

One of the responsibilities of every nurse is to be informed about and to disseminate information regarding the earliest signs of cancer. In the breast it may be detected early because it is accessible to palpation and observation. Every woman should palpate her breasts once a month and examine them carefully before a mirror. It is distressing when we realize that there is always a period during which the tumor is curable but through ignorance, neglect, or fear, a patient may appear too late for anything more than palliative treatment. Mrs. Logan was extremely fortunate in as much as suspicious symptoms that necessitated

medical advice appeared fully two years prior to her surgery yet the carcinoma had not spread via the lymphatics or blood.

She was instructed on discharge to plan a careful and gradual return to normal activity. She arranged for household help to aid her in carrying out her convalescence. There are a number of effective comfortable prostheses that can be worn to obtain a more natural appearance after a breast has been removed. The knowledge that these are available greatly reduced the dread Mrs. Logan had of being "different." How soon a patient may safely wear a prosthesis is determined by her physician. The importance of a cheerful, optimistic attitude has been stressed and Mrs. Logan will enjoy, perhaps even more, her remaining years.

New Staff Locator System

IRA C. SEN

THE QUEEN ELIZABETH HOSPITAL is the first hospital in Canada and North America to have introduced the new "Multitone" staff locator system, recently developed at St. Thomas' Hospital, London.

The actual mechanization is very simple and can be compared somewhat to the Walkie-Talkie used by the troops, only in this case the receiving person cannot talk back. One wire is strung around the outside of the entire hospital to create a magnetic field, limited to the building only. There are a total of 56 channels and this may be almost indefinitely increased by the use of codes. The system involves the use of a control board electronic sender attached to the wire which surrounds the hospital. The wire, when activated, creates a magnetic field which reacts on one of the receiver units carried by the hospital's medical and administrative staff members.

Each person, subject to call, carries a small receiving set, small enough in fact to clip onto his pocket like a small flashlight. When a certain doctor is wanted, all the switchboard operator does is check his number and press the corresponding button on her machine. Wherever that doctor may be, his receiver "beep-beeps" five times, loudly enough for him to hear, but not loudly enough to disturb anyone else. He then holds it to his ear and the operator talks to him and tells him where he is wanted. Otherwise, he goes to the telephone and the operator puts him through to his call.

This system saves a great deal of time and energy on the part of the operator, and can locate anyone within a few seconds. This is, of course, of considerable use in an emergency.

In the Queen Elizabeth Hospital, not only the doctors have these, but the superintendent of nurses, who is a very busy person and may be in her office or over in the nurses' residence. She too can be easily located by this calling system. A set is also carried by the housekeeper, who has to be on the move constantly, and by the orderly on call for floors or the operating room.

If a patient suddenly collapses or a new admission comes on the ward, the operator can locate an interne immediately and there again precious moments are saved. Before the use of the "Sputnik" (as some of the nurses at the hospital have christened the set), the nurse in charge had to call the operator, who would in turn call the various floors in an attempt to contact the required person. All this took quite a lot of time and, in an urgent case, a patient's life might depend on those extra few minutes wasted in trying to locate the doctor.

People might think this is rather like a new and expensive toy, but it certainly has its advantages and so far has shown no disadvantages. When one realizes the time and energy saved by its use, the investment is surely a good one.

Miss Sen is on the staff of the Queen Elizabeth Hospital in Montreal.

Queen Elizabeth Hospital Nursing Education Program

ELSBETH GEIGER, M.A.

THE CURRENT WAVE of intense interest in nursing education programs has focused attention on those centres where experimental work in this field is being carried out or where new programs have been instituted. Inevitably, these have tended to be the larger or more publicized institutions. Such one-sided concentration can have unfortunate results since educationally valuable developments in smaller schools may be overlooked. The program of nursing education presently in operation at the Queen Elizabeth Hospital of Montreal is of such calibre.

The Queen Elizabeth is currently a 150-bed hospital but demands on its services far exceed its capacity. A building program will alter this figure in the near future. The history of this institution is rather unusual. It was opened in 1894 to provide accommodation for the patients of any reputable physician who wished to treat by homoeopathic methods. The name given to it then was the Homoeopathic Hospital of Montreal. This was changed to the present name in 1951.

Methods of treatment and attitudes toward surgical intervention have changed considerably since the days of the early founders but the "Open Door" policy adopted in 1894 is still maintained. Many of the city doctors avail themselves of the facilities of this hospital. Although a certain proportion of the bed capacity is set aside for public admission, the vast majority of the patients are semi-private or private admissions.

The services presently offered to the community include:

(a) A 27-bed obstetrical unit

(b) Medical and surgical services that include ophthalmology, otolaryngology, gynecology, and urology. These services are non-segregated.

(c) An active outpatient department and emergency service.

(d) Ancillary services such as a Central Supply Room, Recovery Room, Blood Bank.

Hospital policies do not provide for the admission of patients for pediatric, psychiatric or neurological care.

THE SCHOOL OF NURSING

The school of nursing was opened a short time after the founding of the hospital. Originally called the Phillips Training School of Nurses, it followed the conventional pattern of development. The earliest program was essentially a two-year course of study for which the lady superintendent was mainly responsible. Doctors' lectures were given at night after the students had completed their day's work. One of the earliest changes in curriculum — the introduction of affiliations in communicable diseases and obstetrics — was made so that graduates of the school would be accepted on an equal basis with graduates of the allopathic hospitals. The early two-year program gave way to a three-year course of study in 1898.

In 1927 the hospital was moved to its present location on Marlowe Avenue to meet the demands for increased space. In 1939 the nurses' residence was completed providing accommodation for the school of nursing in addition to housing for the nurses. Even before these facilities were available, the educational program had undergone a major reorganization based on the findings of the Weir Report and the suggested curriculum presented subsequently by the Canadian Nurses' Association.

The three-year program was continued during the succeeding years until 1952. During this time the progressive spirit within the school resulted in considerable experimentation as to methods of teaching and course content. That year, the existing program was again subjected to careful study and evaluation. This resulted

Miss Geiger is director of nursing at the Queen Elizabeth Hospital, Montreal.

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in extensive reorganization and the eventual development of the structure of the present program.

The decision to change the pattern of nurse education came after much thought. Both the teaching staff and the students had become progressively unhappier and more frustrated over the lack of continuity in the program. The instructors felt a great need for better over-all planning of the entire course of study. They familiarized themselves with the experiment in nursing education at the Metropolitan School in Windsor and at The Atkinson School, Toronto Western Hospital. While both programs gave practical demonstrations of newer ideas in nurse education and offered many new possibilities, neither was considered the solution to the problem in this instance. All members of the teaching staff did much independent thinking before pooling their ideas and developing the present pattern.

To understand and appreciate the pattern of nursing education which has evolved several factors should be remembered:

1. This is *not* a financially independent school. It is a school of nursing operated by the hospital but with a program of nursing education organized along modern lines of thinking — that is, with the emphasis on education for the student not on her value for nursing service.

2. This is a comparatively small school. The residence presently accommodates only 47 students and is filled to capacity. Again, a building program will change this picture — providing not only increased accommodation for students but also improved teaching facilities.

3. The school has been blessed with a very stable teaching staff. This has been of prime importance in planning for the changeover in program.

4. Working relationships between the director of nursing, instructors and head nurses have been and are unusually good. One characteristic in particular is common to the director and the members of her teaching staff — a willingness to change, to experiment, to find a better way. This, coupled with their intense interest in nursing education in general, creates fertile ground for change and growth. An exceptionally understanding and permissive medical director and hospital board helped to smooth the pathway for the final steps in implementation of the program.

5. Recently, the English-speaking division of the A.N.P.Q. has been working intensively on an improved and modernized suggested curriculum for English language schools of nursing. The chairman of the Curriculum Committee is the director of nursing of the Queen Elizabeth Hospital. The director of nursing education and another member of the teaching staff have been deeply involved in this project as well. In developing the program for the school of nursing, much of the thinking embodied in the new interim curriculum was incorporated. This has been of two-way benefit. The provincial association has had an opportunity to see the new curriculum put into practice; the school has benefitted from the experience gained by its staff members through participation in the work of the Curriculum Committee.

Financing the Program

To facilitate the work of planning and management of the course, and to allow for satisfactory budgetting for the educational program, only one class of students per year is admitted. The change in the pattern of nursing education has not presented any particular problems to the administrative body of the hospital. The major portion of nursing service has always been given by graduate nurses and auxiliary staffs. The cost of maintaining a school of nursing under the new program is accepted as a responsibility by the hospital.

A tuition fee of $100 per student is requested and covers the first two years — the period of intensive study. In return the student receives her professional education, board and lodging, uniform replacements, books, complete health care including surgery as required and other benefits.

The teaching staff was enlarged — the ratio to the number of students stands now at 1:6. The director of nursing education, her assistant and staff of instructors are assisted in the teaching program by the head nurses. The head nurses meet regularly with the instructors and are kept informed of individual student progress.

Admission Requirements

Junior matriculation is the required educational background. The prospective student must be within two months of her 18th birthday. Apart from that there are the customary regulations as to health and physical ability.

The Curriculum

The course of study presently offered is a two-year intensive educational program plus one year of professional clinical experience which includes advanced study in such areas as ward administration, professional trends and clinical teaching. The aim of the school is to produce a nurse thoroughly versed in the basic science and art of her profession, capable of assuming the responsibilities, and discharging efficiently the duties of a first-level position.

In 1953 the reorganization of the educational program was concerned mainly with replacement of course content. Then, as the pattern developed, a much more radical approach to the teaching of nursing was adopted and the subject matter was revised or reorganized in accordance.

Unnecessary repetition of material had to be avoided; integration of learning was emphasized; the approach to the entire course of study was altered to produce what is felt to be a much more logical introduction. That which was considered to be of limited value or no value was discarded. For example, dietetic laboratory hours have become a thing of the past. New aspects have been incorporated to help produce nurses adequately equipped to meet the demands of modern pressures. In this respect, an increased emphasis has been placed on the role of the nurse in the community; the role of the hospital as a community agency.

The approach to the teaching of nursing has been planned to take full advantage of what the student already knows on admission to the school. Learning centres on normal growth and development, normal body function, and the normal environment. Then this fund of knowledge is linked up with the principles basic to the care of the individual during illness. In a radical departure from the usual presentation of the various medical or surgical conditions, and the nursing care involved, basic principles of nursing have been applied in seven comprehensive areas encompassing the factors that produce pathological changes in the human body.

The third and final year has not been designated an *internship* period as has been done in some other programs. Although at this stage the student gives and is expected to give considerable nursing service for which she is paid, her role as a learner continues at an advanced level. Her experiences at this level have been designed to give her the confidence necessary to accept her responsibilities as a graduate nurse and to help her to discharge her duties efficiently.

The course of study can be presented to greatest advantage by describing the activities for each phase:

0-6 Months

During this period the fundamental principles basic to nursing are presented.

Human Growth and Development: This material has been designed to help the student understand herself, as well as others, more completely.

Community Organization — Part I: Assists the student in getting to know her community and in recognizing some of its needs. In practical application, the student goes out into the community, visits organizations or clubs, observes community resources and obtains practical knowledge of the facilities available.

Anatomy and Physiology is presented with the emphasis on developing an understanding of the function of the body and its related structure.

Nutrition: The normal nutritional needs of the body are emphasized. It is interesting to note that discussions in this area are the responsibility of a nurse-instructor, not a dietitian. The approach consequently is from the point of view of what it is felt the nurse wants and needs to know.

Pharmacology: The student is provided with a general knowledge of drugs and is taught to calculate dosages and administer medications.

Microbiology: Here the emphasis has been placed on providing the student with a working knowledge of the role

of microorganisms (pathogens and non-pathogens) in daily life.

Nursing Practice — Part I: It is here that the student starts to learn to integrate her increasing theoretical knowledge with the principles of basic nursing care.

During this first study block, the students receive an early introduction to the clinical field. They begin supervised practice on the ward within two weeks of admission to the school. This reflects the thinking of the staff of the school of nursing in relation to two particular aspects of student learning. They wished to avoid the apprehension and also the frustration that tends to build up through prolonged separation from clinical experience. Practice in the demonstration room is receiving considerably less emphasis in favor of supervised practice on the ward, for any and all procedures, on the assumption that the student learns best when confronted with the actual situation.

At the end of the first six months there is a comprehensive evaluation of each student's performance by the director of nursing, head nurses and instructors during a joint conference. A capping ceremony terminates this early period of study. When to present the student with her cap has become something of a controversial subject. In this instance, the incentive of a goal to be reached is considered to have much value.

7-12 Months

During this interval the practice of nursing is presented within the seven areas that constitute one of the most radical changes in the educational program.

(a) Invasion of the body by foreign substances
(b) Congenital anomalies
(c) Trauma
(d) Neoplasms
(e) Metabolic disturbances
(f) Degenerative processes
(g) Behavior disorders

During a 12-week summer period, four weeks of which is used as vacation time, supervised practice in the clinical field continues. Interspersed are observational periods in the operating room, recovery room and the central supply room.

13-24 Months

The basic principles of the practice of nursing are applied to nursing in the specialized areas — obstetrics, pediatrics, psychiatry and communicable diseases. The role of diet therapy is also considered.

It is during these months that the students receive their affiliating experience in the services not covered by the home hospital. Affiliation in pediatrics is procured through the Montreal Children's Hospital, in psychiatry through the Verdun Protestant Hospital.

Students also have a six-weeks' affiliation in tuberculosis nursing with the Royal Edward Hospital — both in the Laurentian and the Montreal divisions. The student begins by observing the work done in the Laurentian division. Here she receives practical experience in rehabilitative nursing and in the care of the chronically ill. Two weeks are spent on the wards of the Montreal unit where the patients receive surgical treatment. Here they have the opportunity to become familiar with the techniques specific to communicable disease nursing and chest surgery. Finally a two-week period in the community, observing the work of the public health nurses attached to the hospital staff, illumines the social problems arising from disease and illness. As part of its future planning, the school hopes to arrange for an extended affiliation period in the Laurentian division. It is felt that the students would be better prepared for graduate responsibilities if they possessed greater understanding in the care of the long-term convalescent or chronically ill patient with their correspondingly increased need of rehabilitation.

25-36 Months

The third year has been set aside as the time during which the student receives intensive professional clinical experience. She gives valuable nursing service to the hospital and receives remuneration for it. However, she also continues her learning experiences on an advanced level.

Ward Administration: This provides an introduction to and fosters understanding of the over-all picture in the nursing care of hospitalized individuals.

Clinical Teaching: Opportunities are

provided for experience in this important area as it relates not only to patients but to other members of the nursing team.

Community Organization: This is presented from the point of view of the responsibilities to be assumed by the graduate nurse in relation to her patients, her community and her profession.

The practice of nursing during this final year is designed to provide the potential graduate with the experiences necessary to meet her nursing responsibilities with ability and self-confidence.

In discussing the program for this final year it must be pointed out that it does not meet with the unqualified approval of the teaching staff. Already changes are being visualized based on evaluation of the results obtained to date.

The provincial examinations for licensing are taken at the completion of the final year.

Conclusion

The school of nursing associated with the smaller hospital encounters problems that tend to differ somewhat from those of the larger institution. It also possesses certain advantages.

From a financial standpoint the changeover in program was accomplished with a minimum of planning. Interpersonal relationships tend to be on a much more intimate level because of the fewer members. Instructors, head nurses and students get to know and understand one another much better. It is possible to take the needs of the individual student into greater consideration and give more personal attention. The lack of dependence on the student nurses for nursing service helped to smooth the way for experimentation and radical change.

It would also appear that this school of nursing has answered another question that arises periodically. To what extent can the semi-private and private patient be expected to cooperate in the clinical experience of the student nurse? The majority of patients admitted belong to these two categories. The policy has been and continues to be that *all* patients, regardless of rating, may be cared for by student nurses during supervised practice sessions. The reaction has been good. The patients enjoy the students, are interested in their progress, appreciate the extra attention and the professional motives behind it.

The new program has made possible a long-range rotation plan satisfying the desire for greater continuity and better planning. It is a dynamic program — this story represents the chapters up to the present. It appears to be a satisfactory program. One of the desires expressed has been for an objective evaluation. For the present, the evident interest and increased sense of satisfaction of both staff and students point to the wisdom of change.

A person's deep set desire to be well or to remain ill is a very complex thing. Only by helping the patient to deal with his underlying fears or despairs can he have a concerted wish to be well. This calls for specialized psychiatric supervision in the course of over-all rehabilitation.

A patient may have a fair degree of confidence and an over-all desire to be well, yet much may depend on a third element—his determination to be well. A complete absence of the will to live can lead actually to death. It is rarely complete; but it is often appreciable. It is despair, in particular, that devastates the will. Sometimes the despair grows out of all proportion to the actual situation. Thus a state of depression may develop which becomes an illness in itself — a psychological illness — and may require specific treatment. In such cases general measures of rehabilitation would otherwise be ineffective.

—K. A. Yonge, M.D.
Canadian Hospital, Feb., 1958.

* * *

The use of lipstick frequently prevents chapping and fissuring of the lips. It may also be a factor in reducing the incidence of carcinoma of the lip in female smokers. Lipstick is a blend of oils, waxes, perfume and pigments. It will not melt under ordinary conditions but at body temperature it softens enough to be spread on the lips. Cheilitis from lipstick is easily diagnosed. It usually develops a week or more after a new lipstick has been used. The lips become swollen and vesicles may form.

—*A.J.N.*, January, 1958

The Hare and the Tortoise

LESLEY M. DIACK

EVEN IN THESE DAYS of jets and supersonic speed, the dogteam on the Labrador still holds its own, not only as the surest and most reliable means of transport, but even, under certain conditions, as the fastest. Of course, I may be a little biased on the subject since the time when I got lost in a helicopter in a snowstorm and had to come down to ask a dogteam driver the way. Once again, the "tortoise" in the form of the dogteam has shown itself superior to the "hare" as represented by aircraft. Let me explain:

The district covered by the Nursing Station at Mary's Harbour is fairly scattered, with long distances between settlements. In the winter many families move in from their fishing grounds on the coast so there is a winter population of approximately 400 people. Forty miles farther north lies Charlottetown in St. Michael's Bay. This also is a winter settlement with about 25 families. In between are one or two much smaller settlements with just a few families in each, but there are fewer of these small settlements than there used to be. The tendency nowadays is for people to centralize for the winter and thus get better amenities, such as education, mail and telegraph service.

In the old days the doctor made the long dogteam trip from Cartwright to Mary's Harbour, a distance of 180 miles, visiting every settlement on the way, and probably taking a month for the round trip. Nowadays, the doctor's visits are all made by plane, and the nurse, too, is usually able to get around her district more often with the aid of the aircraft. At least, she is always very hopeful about so doing, even if the hope does have rather frequently to be deferred — as much, I should add, on account of the "stork's" lack of consideration in timing his arrival as on account of the fog that so often grounds the aircraft.

This particular story started on the evening of a Tuesday in February, with a radio-telephone message from the doctor saying he proposed visiting Port Hope Simpson next day in "Jig-Able-Tear." Would I be free to go with him and help?

I was free. The "stork" was giving me a holiday for the moment and I had been hoping to get away on a trip. I said "Yes, and after we had finished at Port Hope Simpson, could the plane land me at St. Michael's Bay so I could do some work in that area? I would find my own way back by dogteam." So it was arranged.

Wednesday morning, up early, bags packed, weather not too bad, nurse full of hope. Hopes dashed when St. Anthony reported by R.T. that the weather was right down, aircraft unable to leave. Thursday morning, the same story, except that by now I had an emergency — a woman with an injury to her spine.

Friday morning, weather still bad and two more patients had been admitted, waiting for transport to St. Anthony. St. Anthony said the plane would definitely be coming early next day and could take the patients back after the doctor and I had been landed at Port Hope Simpson.

Saturday dawned, a glorious day. Up early, bags repacked, patients given an early breakfast and everything made ready — but to no avail. At 7.30 St. Anthony announced "Jig-Able-Tear" had to go south for an emergency at Harbour Deep; it might be coming later in the day but it was extremely doubtful. It's no use fuming with frustration and impatience at the waste of a glorious day, when so much might be accomplished if only the aircraft were not wanted somewhere else, but it is extremely difficult not to fume!

Later in the afternoon "Fox-How-Sugar" (the North West River plane)

Miss Diack is a member of the International Grenfell Association nursing staff on the Labrador coast. Her story is adapted, with permission, from *Among the Deep Sea Fishers*, the magazine of the Association. For information regarding opportunities to serve consult the advertisement on page 386.

came in with the doctor and left with the patients. By this time we had a full load. It was too late to get to Port Hope Simpson but at least we had the doctor on the spot and there was plenty of work for him. We finally finished around midnight.

Sunday, the weather was no good for the aircraft, but we had the doctor and we had dogteams, so off we set. We spent the day working at a settlement about an hour's run away. The doctor rounded off the day for us by preaching at our evening service.

Monday, the weather was still bad so the dogteams were harnessed once again. A message came through on the R.T. that there was a serious emergency at Nain, far north, and the doctor was needed to go there to fetch the patient. The plane would be coming as soon as the weather cleared, said the message, and it could take me to Port Hope Simpson. So we waited all that day. Fox-How-Sugar finally came in, but so late that there was only time to make Cartwright before nightfall; there was no time for the stop at Port Hope Simpson. So off they went and sadly I unpacked my bag again.

The next three days Fox-How-Sugar remained grounded. Mercifully, the weather did clear sufficiently, farther north, to enable another aircraft to transfer the emergency from Nain to North West River Hospital. That, after all, was the most important matter.

Friday was a glorious day. Doctor used Fox-How-Sugar to the full, but he left time for it to take me to Port Hope Simpson before he flew back to St. Anthony in the late evening. The actual flight from Mary's Harbour to Port Hope Simpson took only ten minutes, but it was now March! I reckon that my journey took *ten days* plus ten minutes, an average of four miles a day. Even the poorest dogs, with the worst kind of going, can do better than that.

At least I was started on my trip. I expected to be away about a week and the doctor said that I might use the aircraft. He always tries to arrange for the Nursing Stations to use it if it is not wanted by the doctors for important work or emergencies, for the aim is always to use the aircraft to its maximum advantage. I asked to be taken from Port Hope Simpson to St. Michael's Bay. Meantime, I got to work, and finished for the first night around 11:00 P.M.

Next day I kept hard at it. One can so seldom visit these distant settlements that there is always a tremendous pile-up of work. There are mothers and babies to be seen, old people and invalids at home to visit, children to be immunized, as well as the more serious cases to be sorted out to go to St. Anthony. My hostess was kindness itself, and put her house at my disposal for use as a clinic. By 11:30 P.M. the last tooth has been "hauled" and the last antenatal case seen. I reckoned that if the plane came in on Sunday I would be ready to move on. (I also had the forethought to arrange for a dogteam as an alternative means of transport.)

Sunday dawned really "dirty." I welcomed my dogteam driver's decision that it was too bad even for the dogs. There was still a lot of work I was glad to be able to finish. I was glad, too, to able to take it at a slower pace and to relax for the evening. The plane would be coming next day, I heard from the local R.T. station, to take me on to St. Michael's Bay. I still kept the dogteam standing by!

Monday, the weather was still down and obviously no good for flying, so I set off by dogteam for the halfway settlement at Rexon's Cove, on the way to St. Michael's Bay. We took four and a quarter hours to make that twenty miles down the bay, but it wasn't cold travelling. The warmth of the welcome that awaited us! Only those who travel on the Labrador can fully appreciate the wonderful hospitality of the people. The best is always kept for guests. In the twinkling of an eye, wet outer clothing is stripped off, the rocking chair pulled up to the kitchen stove, the tea steeped and a hot dish of the best that is in the house is set before the weary traveller. Such a welcome makes every trip seem worthwhile.

There were only five families at Rexon's Cove, but there was some work to be done, some patients to see and children to immunize. Two other teams, on their way to a wedding,

came. The same welcome was given to all although so many extra guests between five families is quite a crowd. I was given a bed, but the men all dossed down in sleeping bags on the various kitchen floors.

The next morning dawned full of promise, but there was a lot of fresh snow down. I was lucky to get one of our best local drivers to drive me to the next place. At the worst, he said, the journey would take six hours.

The "going" was very bad, it proved, but what matter? The sun was shining, the wide bays and distant hills were very lovely. At the "neck" we ran into difficulties: the snow was too deep for the dogs and we needed someone to go ahead on "racquets" to tramp it down. If Uncle Len went ahead, the komatik was too heavy for me to handle — and I had no racquets. But someway we got it up the hills. Then it was time for a "brew-up," decreed Uncle Len. Soon wood was cut and a blazing fire burning. A hole was chopped in the ice of the pond, water drawn, and billy-cans filled and hung over the fire to boil. Logs were drawn up for seats and "Come into the kitchen," invited Uncle Len. "Who," I thought as I sat there in the sunshine and snow, with the dark pine woods all around and the scent of wood smoke in the air, "would want to exchange the good flavor of this for travel cooped up in a metal machine that hurtles through the sky?" Not I, at that moment.

We fared better for the next three miles across the "neck." After the "neck" was passed, as we had a light load we drew ahead. The sun had gone in by this time and the day looked dreary. The bays seemed very wide as we crawled across them. Also, the komatik box was beginning to feel hard. The same warm welcome awaited us when we arrived, but that night I did no work.

Next morning the "bush wireless" said the plane was coming so I rather rushed the work and by 6:00 P.M. "called it a day." Only those who know Uncle Asaph Wentzell will know what good company I found in his house. He has a rich humor and an unending fund of anecdotes and stories, which he knows how to tell. As for Mrs. Wentzell, I had always heard of her hospitality and kindness, and now experienced them for myself.

The following day was good only for dogteam travel so, with the last of the work finished, Uncle Len and I set off on the homeward journey. This time the going was better and we made a straight run. A great welcome again at Rexon's Cove. There was no work here now so it could be a pleasant social visit and early to bed.

By 7:15 next morning Uncle Len had the dogs harnessed. They were wildly excited, barking and straining to be off. There is a far greater feeling of excitement about such a start than hearing an engine and propeller start up. Everyone was out to see us off and wave good-bye. The first wild rush down the hill, and soon the settlement was out of sight. It was a perfect morning — a cloudless, brilliant blue sky, snow sparkling and hills casting long deep blue shadows, air crisp and the "slipping" good after a night's hard frost. Here was the reward for all the bad days.

We made the twenty-mile run to Fox Harbor, the next settlement, in three and a half hours. We were now only two hour's journey from home, so it was agreed that I should try to be ready to leave by 3:00 P.M. However, I found a small boy who had tried to chop off his thumb with an axe and by the time that was stitched up it was nearly five o'clock. The sky was threatening and it would be dark before we got home but we reckoned we could just make it.

We had a good "randy" back and I, though tired, felt well content, with that good feeling of something accomplished. The books showed only 116 patients seen, 37 teeth extracted and 150 children immunized — perhaps not much for a week's hard work but I felt that it had been worth while.

As we came full-tilt down the last hill into Mary's Harbor, the lights were gleaming from the windows of the houses — and as we turned the last corner, what did we see on the harbor ice but the plane, which had arrived there that evening on the first stage of its journey to Port Hope Simpson! The "tortoise" had won the race after all.

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The three newest varieties of Swift's Meats for Babies were created *especially for those babies who are slow in learning to enjoy meat* so they too could benefit from meat's nutritional values. These are the new fruit-flavoured meats: Pork with Applesauce, Ham with Raisin Sauce and Lamb with Mint. Only a little bit of fruit or mint flavour is added . . . just enough to make the meats especially tempting to babies.

You can recommend all varieties of Swift's Meats for Babies with complete confidence. (Most are available in chopped form for Juniors too.)

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Convention Personalities

JEAN S. WILSON

IN THE MIDST OF PLANS for the Golden Anniversary meeting of the Canadian Nurses' Association, thoughts turn to those by whose nurture our association has thrived. Did *they* dream that on its 50th anniversary the association would have the virile social stature of a nationally incorporated body composed of ten provincial registered nurses associations (each duly incorporated) with a total membership of nearly 50,000? Among those who cherished a vision of such growth, none nurtured it with greater devotion, nor greater hope, than **Jean S. Wilson**, the first full-time executive secretary of the CNA.

Jean Wilson served the Association continuously for a longer period than any other officer in its history — 20 years. For half that period she was also editor of *The Canadian Nurse*. She served during the administration of eight presidents and ever-changing standing and special committees. She shared largely in the planning and management of ten biennial meetings, in seven provinces, of which the silver jubilee meeting in 1934 in Toronto was the most outstanding. In 1929, when Canada was hostess to the International Council of Nurses in Montreal, the management of arrangements was vested in her capable hands by the President, Miss Mabel F. Hersey. For the next two congresses of the I.C.N., in 1933 and in 1937, additional responsibilities were placed upon her when, in cooperation with a selected travel agency, the CNA sponsored tours for Canadian nurses. During her term of office, the Association, by initiative and energy, produced the "Survey of Nursing in Canada" by Dr. G. M. Weir; made studies of Dominion Registration; published "A Proposed Curriculum for Schools of Nursing in Canada" and a Supplement to it two years later.

Nor were the Association's efforts limited to national enterprise, for it was in the grim thirties that the CNA shared with other national nursing associations in supporting the Florence Nightingale Memorial Foundation and the advanced courses for nurses which it provided.

For Jean Wilson, each new duty was an adventure. Indeed, nursing adventure took her from Ontario to positions in British Columbia, Saskatchewan, Manitoba and finally back to Quebec. After her childhood and education in Ontario and Quebec she graduated from the school of nursing of Lady Stanley Institute in Ottawa.

Her first professional work was in the operating room of Jubilee Hospital, Vernon, B.C. Later, she went to the General Hospital, Moose Jaw, Sask. For two years she was superintendent of nurses at the latter institution.

There can be no doubt that her "tidy" mind and her native organizational ability were recognized early in her nursing work for it was in Saskatchewan that she became the first secretary-treasurer and registrar following the passing of the Registered Nurses' Act. In 1921, she became the treasurer of the Canadian National Association of Trained Nurses. It was while she was enrolled at the School for Graduate Nurses, McGill University, that the C.N.A.T.N. decided to establish a national office with a full-time executive secretary.

The new office, located in the Boyd Bldg. Winnipeg. Man., was opened Feb. 1, 1923. Fifty-two associations (many were alumnae associations) were affiliated with the national association at that time. It was a momentous year. At the next annual meeting the name was changed to Canadian Nurses' Association. It was not until 1930 that the Association became a federation of the nine provincial registered nurses' associations then existent. The national office remained

JEAN S. WILSON

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in the geographical centre of Canada for nine years moving in 1932 to Montreal, a centre of greater nurse population. Jean Wilson moved the combined office of the CNA and *The Canadian Nurse* from Winnipeg to Montreal without interrupting the publication of even one issue of the *Journal*.

The attainments of the CNA in its first fifty years are the glory of all whose lives were inspired by its founder's challenge:

"Let us all remember that privilege means responsibility, that a better century does not mean that it shall minister to us, but we to it . . ."

Jean Wilson's years of service for the CNA were years of responsible ministry. It is symbolic of her great modesty that the issues of *The Canadian Nurse* which she produced and the minutes of the Association which she wrote, save for her signature, bear little testimony to her selfless identification and dedication to nursing progress through the years.

In deference to her humility and with a respect for the organizational structure of which she was the founding rock, in this the Golden Jubilee Year of the Association we honor her not singly, but as one of the many who, by their courage, have brought us to this day.

Courage is the price that life exacts for granting peace . . .

How can life grant us boon of living, compensate
For dull gray ugliness and pregnant hate
unless we dare
The soul's dominion? Each time we make a choice, we pay
With courage to behold resistless day
And count it fair.*

*From the poem "Courage" by Amelia Earhart.

LILLIAN E. PETTIGREW
Executive Secretary
Manitoba Association of Registered Nurses

LYLE M. CREELMAN

Canadians are credited with being inveterate, tireless travelers. Nurses, in particular, move about from place to place frequently, always searching for green pastures — new places in which to work, new sights to see. When these two proclivities are combined in one Canadian nurse, the very nature of whose duties with the World Health Organization necessitates world-wide travel to visit their many centres of activity, it is not difficult to understand why **Lyle M. Creelman** is a very familiar personality to people in every corner of the earth. It will be a very great pleasure to welcome her home as an active participant in the program of the Fiftieth Anniversary convention.

Born in Upper Stewiacke, Nova Scotia, Miss Creelman received her preliminary education there. She taught school for three years before embarking upon her nursing career. On the opposite side of the continent, she enrolled in the degree course in nursing at the University of British Columbia, receiving her training at Vancouver General Hospital. The steps in her rise to positions of responsibility were short and close together. After only two years in staff positions in public health nursing she was awarded a Rockefeller Fellowship for postgraduate study in supervision and administration in public health nursing at Teachers College, Columbia University.

In the fall of 1939 Miss Creelman became supervisor of school nursing with the Metropolitan Health Committee, Vancouver, moving into the directorship of the Nursing Division two years later. Her work on the international level commenced immediately following World War II when she was appointed chief nurse for UNRRA in the British zone of occupied Germany. More travel accompanied her return to Canada in 1947 when she became field director of the Study of Public Health Practices conducted by the Canadian Public Health Association. She joined the World Health Organization as nursing consultant in maternal and child health in 1949. She became Chief, Nursing Division, WHO, in 1954.

Endowed with abundant good health, an inquisitive mind, a retentive memory for names and faces as well as factual data, Miss Creelman revels in meeting people, planning and attending conferences and travelling. Years ago she applied herself diligently to the task of learning all the secrets of being a good photographer. Her enormous collection of pictures, taken in countless out-of-the-way spots, would provide whole days of interest and entertainment. Her contribution to the discussion on "Nursing in the World today and in the Future" will be vividly colored by the intimate impressions she has gained in her role of Canadian Nurse — traveler.

(*See this month's cover*)

Everybody wants to live longer, but nobody wants to grow old. — JULES ROSTAND

. . . mothers, too, seem to have more confidence in Drapolex. It is smooth, soothing, and quick to relieve distress. And certainly, because it was evolved specifically for the treatment and prevention of diaper rash, Drapolex evokes a highly satisfactory response in even the most severe cases. Furthermore, the benzalkonium chloride is effective against a wide range of pathogens which might create a secondary infection as well as against the urea splitting organisms causative of diaper rash. The effectiveness of Drapolex has resulted in its use and recommendation by numerous paediatricians, an effectiveness found also in the treatment of urinary dermatitis through senile incontinence and genito-urinary conditions. Easy to apply, Drapolex . . .

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RESEARCH

Enseignement centralisé en Saskatchewan

Note: A cause de circonstances incontrôlables, nous avons dû retarder à aujourd'hui le résumé en français de l'article publié dans le numéro de janvier sous le titre: "Centralized Teaching program in Saskatchewan"

EN CE QUI CONCERNE le soin des malades et la formation des infirmières des expériences sont faites ici et là, expériences qui méritent d'être évaluées et critiquées d'une manière objective. Il est reconnu que la quantité des soins donnés aux malades et leur qualité dépendent en grande partie du programme d'éducation offert aux élèves-infirmières.

Il vaut la peine de rapporter une expérience récemment tentée en Saskatchewan pour répondre à un besoin provincial; Mlle Lola Wilson, ancienne secrétaire-registraire de la Saskatchewan, en présente un rapport très clair, facile à lire même pour celles qui ne connaissent pas parfaitement la langue anglaise.

Les écoles de la Saskatchewan se trouvèrent dans une situation difficile, due au manque d'infirmières institutrices, de surveillantes, à cela venant s'ajouter les changements fréquents parmi les infirmières en service. Cette situation inquiéta l'Association des Infirmières enregistrées de la Saskatchewan et préoccupa également le Ministère de la Santé et certaines associations médicales.

L'Association des Infirmières de la Saskatchewan proposa un plan de centralisation de l'enseignement des sciences de base. Toutes les écoles d'infirmières de la province furent invitées à participer à ce projet qui offrait un enseignement de qualité uniforme et donné par des experts. Les élèves de dix écoles sur treize furent inscrites aux cours, en 1953.

Financement du programme: Le gouvernement provincial ne pouvait assurer à lui seul le financement de ce programme mais il s'engageait à maintenir les allocations de séjour de même que d'autres, couvrant des frais divers, telles que déjà payées aux étudiantes dans leurs écoles respectives. La Fondation W. K. Kellogg approuva le projet et garantit une aide financière: ainsi naquit un programme d'enseignement centralisé, en Saskatchewan. Les cours se donnèrent à l'Université de Saskatchewan, à Saskatoon et, dans le sud de la province, au Collège de Régina.

Organisation: Une directrice fut nommée pour chacun des centres et un coordonnateur eut la tâche de voir à ce que l'enseignement soit le même et donné de la même façon aux deux endroits. Les professeurs furent pris dans les milieux enseignants de la région: des infirmières institutrices faisaient aussi partie du personnel enseignant, leur travail consistant à:

Assister aux cours donnés par les professeurs d'universités, à faire de l'enseignement individuel ou par groupes.

Intégrer l'enseignement afin que les étudiantes voient le rapport existant entre l'enseignement des sciences et leur application au nursing.

Ces institutrices enseignaient en plus une partie du programme et, au dire de tous, elles étaient indispensables: elles constituaient la cheville ouvrière du programme. En plus des fonctions déjà énumérées, elles visitèrent les différentes écoles, une fois le cours terminé, étant mieux en mesure que quiconque de juger comment l'enseignement des sciences de base pouvait être le mieux appliqué dans le soin des malades.

Les buts immédiats du programme furent:

1. De donner un enseignement solide et suffisant des sciences de base aux étudiantes, durant la période de probation.

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2. Améliorer la teneur générale du programme d'études par l'enseignement des sciences de base et par l'intégration de cet enseignement, ce avec le concours des institutrices ambulantes.

3. Etablir un système de comptabilité permettant de déterminer le coût de la formation des infirmières dans les écoles de la Saskatchewan.

Les buts éloignés de ce programme peuvent se résumer comme suit:

Faire reconnaître l'enseignement aux infirmières comme une partie de l'éducation générale.

Alerter le public sur la nécessité d'accorder des subsides aux écoles d'infirmières.

Etendre le programme au-delà de la période ordinaire de formation de base.

En 1954, l'on décida de faire évaluer ce programme; Dr. Kathleen Russell accepta cette tâche; voici quelques commentaires et recommandations qu'elle fit à ce sujet:

Ce programme va de pair avec le développement de la Saskatchewan, développement qui ne peut s'arrêter. Dans une province où le gouvernement a déjà accepté d'assumer la responsabilité de la santé et de la maladie de ses habitants, les écoles d'infirmières ne peuvent continuer à fonctionner comme dans le passé; des changements s'imposent.

Ce programme de centralisation est dirigé par une administration prête à intervenir à tout moment, selon les besoins, pour y apporter toute modification nécessaire.

Au but original sont venus se greffer d'autres aspects. En plus d'améliorer l'enseignement des sciences de base, on a fait un effort pour offrir aux élèves un programme de plus grande envergure que celui qui était donné auparavant dans les écoles d'infirmières; ceci a d'abord semblé impossible mais on a ensuite tenté de réaliser l'impossible.

Il ne faut pas oublier que le facteur temps a forcément limité le programme de seize semaines.

Les écoles mères, du moins un certain nombre, n'ont pas encore fait connaître les effets de cette expérience dans leurs programmes respectifs.

Après étude du rapport du Dr. Russell, des mesures furent prises pour la mise à exécution de ses suggestions. Des observateurs impartiaux, y compris Dr. Russell, ont conclus que l'enseignement donné est d'un niveau très élevé qu'il est impossible aux écoles de réaliser actuellement et peut-être même dans l'avenir. Deux points retiennent l'attention: l'occasion qu'ont les étudiantes d'acquérir les notions des sciences fondamentales en nursing avant d'entrer en contact avec les malades. Les étudiantes apprennent à penser, à trouver des solutions aux problèmes qui leur sont familiers, ceux relatifs à la santé.

Le programme a démontré aussi que les écoles dirigées par des religieuses et celles ne relevant d'aucune religion en particulier peuvent travailler ensemble, échanger des idées, se rendre mutuellement service.

Tout le monde reconnait que ce programme en est à ses débuts comme le montre cet extrait du rapport:

Lorsqu'on parle du Programme d'Enseignement centralisé, la même question se pose: comment améliorer le cours d'infirmière, non seulement durant les quatre premiers mois mais pendant toute sa durée?

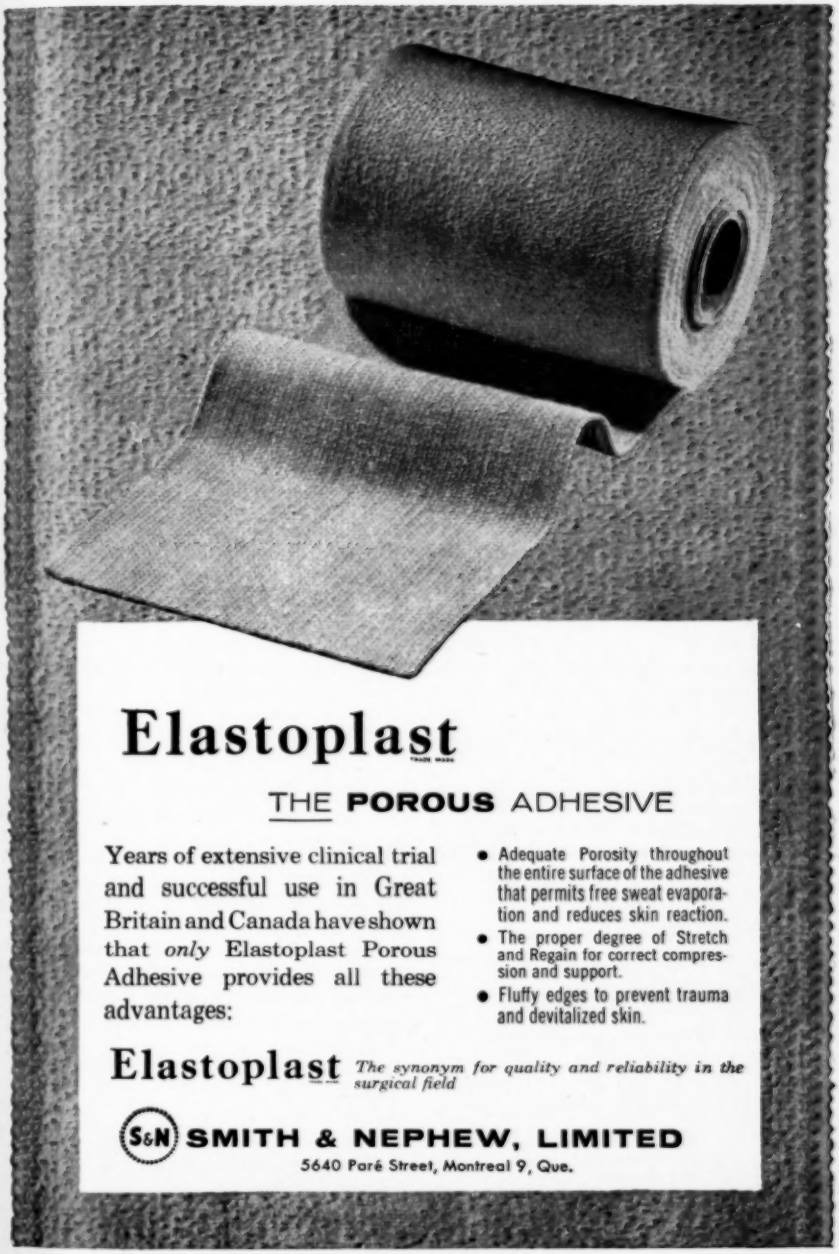
La réponse logique est d'être prudent, de répondre d'abord aux besoins les plus urgents de nos écoles d'infirmières; maintenant que nous avons réalisé l'enseignement centralisé des sciences de base durant la période de probation, c'est sur l'enseignement clinique que doivent se reporter nos efforts. Les institutrices bien préparées pour l'enseignement clinique ne sont pas en nombre suffisant et trop peu se dirigent vers cet enseignement. Le travail de l'institutrice clinique n'est pas toujours apprécié à sa juste valeur dans le programme d'enseignement. Il est parfois difficile de faire comprendre que l'institutrice clinique ne peut se charger, en plus de son enseignement, d'une partie de l'administration ou du soin des malades.

Une meilleure interprétation du rôle de l'institutrice clinique devrait exister parmi le personnel des hôpitaux et celui des écoles d'infirmières.

Référence: Lola Wilson: "The Story of the First Three Years."

In the reign of Charles II, 'the merry monarch,' it was treasonable to question the king's power to cure tuberculosis by touch.

No bubble is so iridescent or floats longer than that blown by the successful teacher. — Sir William Osler



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Pageant on Nursing

His Excellency the Right Honorable **Vincent Massey**, C.H., Governor General of Canada has graciously granted his patronage to the Pageant on Nursing to be held Monday and Tuesday, June 23 and 24 at the Coliseum, Lansdowne Park, Ottawa.

Be sure to attend this unique event of our 50th Anniversary celebrations.

The Pilot Project

The Surveys Begin

The first school survey of the Pilot Project for Evaluation of Schools of Nursing in Canada has been completed. The survey methods of the National League for Nursing were used, and only slight adaptations were necessary. The Director and the Regional Visitor found the week a most interesting and exciting experience. The faculty of the school was most cooperative and enthusiastic, and commented on the educational value of the visit.

A comprehensive report of the visit was written and will be studied by the Board of Review at a later date.

Senior French Visitor

It is a pleasure to announce that **Sister Denise Lefebvre** will be the Senior French Visitor for the Pilot Project. Surveys of French language schools of nursing will be made by both Sister Lefebvre and the Director, as well as a second visitor who is bilingual.

Preliminary Visits

In addition to the full survey, the Director has made preliminary visits to all participating schools in Ontario, Quebec (English), New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island. These visits were invaluable in acquainting schools with survey technique as well as discussing points requiring clarification.

Canadian Conference on Education

The CNA was represented at the Canadian Conference on Education held February 16 - 20, 1958 by our Second Vice President, Miss **Helen Carpenter** and by the Director of the Pilot Project, Miss **Helen Mussallem.** Miss **Pearl Stiver**, General Secretary, represented both the CNA and the National Council of Hospital Auxiliaries of Canada of which she is a member.

Special topics discussed in Workshop Groups were:

Buildings and equipment
Education for leisure
Financing education
Higher education
Organization and curricula
Role of the home in education
Special needs in education
Teachers — quantity and quality.

New CNA Crest

Elsewhere in this issue, you will see the new revised crest of the Canadian Nurses' Association. Members who were present at the 28th Biennial Meeting in Winnipeg will recall that several proposed designs were voted upon.

Suggestions given by the general membership at that time were most helpful. The CNA Executive Committee after further consideration agreed that the crest should be simplified and the association name be in both French and English.

A sketch of this design was forwarded to all provinces; comments and opinions were received in National Office. The majority approved the simplified design in which a maple leaf

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replaces the map of Canada and a lamp replaces the medical symbol; the Association name in French and English circles the crest and the year of founding 1908 appears beneath the maple leaf.

Nursing Research Needs

At the CNA Executive Committee Meeting in February an *ad hoc* committee was appointed to study nursing research needs in Canada and to prepare a plan for future action in nursing research. It is expected that an interesting report will be presented at the 50th Anniversary General Meeting.

I.C.N. Exchange Privileges — 1957

During 1957, 64 nurses from 10 countries came to Canada for a period of employment through the I.C.N. Exchange of Privileges program. Eight Canadian nurses obtained employment in other countries.

Programs of study or observation were planned for another 11 foreign nurses and similar programs were arranged for 6 Canadian nurses abroad.

In addition, 139 enquiries concerning nursing in Canada were received in National Office from nurses in 24 countries. Sixty-nine enquiries were received from Canadian nurses wishing information about nursing in other countries.

Canada Post Office

A notice has been received in National Office concerning postal services which will be provided during our June meeting:

The CANADA POST OFFICE is pleased to announce that complete postal services will be available at the Canadian Nurses' Association's Convention to be held in Ottawa, Ont., from the 23rd to the 27th June 1958, inclusive.

The POST OFFICE will open everyday at 8:00 A.M. and will close at 6:00 P.M.

It will be located at the southeast corner of the Coliseum Annex, Lansdowne Park, Ottawa. Incoming Mail will be received at 8:00 A.M. and at 1:00 P.M. Outgoing Mail will be despatched at 1:00 P.M. and 6:00 P.M. All mail matter to be delivered through that office should be addressed:

C/O Lansdowne Park Post Office,
Ottawa 1, Ontario.

The Canada Post Office extends to all members of the Canadian Nurses' Association its very best wishes for a most successful Fiftieth Anniversary Convention.

Convention News

Housing

Miss **Edith A. Cale**, formerly Educational Consultant with the Division of Public Health Nursing, Department of Public Health, Toronto, is assisting National Office in the housing of convention registrants.

Arrangements have been made to house *Religious Sisters* in convents in Ottawa. All reservations should be made through National Office.

Student nurses — no special housing could be arranged. Accommodation will be handled as for all registrants.

PLEASE COMPLETE APPLICATION AND ACCOMMODATION CARDS EARLY.

Doctor Marion Lindeburgh Memorial Scholarship

In memory of Doctor Marion Lindeburgh, the Alumnae Association of the School for Graduate Nurses of McGill University has established a scholarship of $500.

This scholarship is open to any graduate, registered nurse who wishes to study at the School for Graduate Nurses and who meets the entrance qualifications for McGill University.

Applications should be submitted by June 15, 1958 to:

The Chairman of the Selection Committee,
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*Benson, R. A., and associates. J. Pediat, 34:49, 1949
Klarmann, E. G., and Wright, E. S., Soap San. Chem. 22:125, 1946

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Le Nursing à travers le pays

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Son Excellence, le Très Honorable **Vincent Massey**, C.H., Gouverneur Général du Canada, a généreusement accordé son patronage au grand spectacle historique sur la profession d'infirmière qui sera donné les lundi et mardi 23 et 24 juin au Colisée, Parc Lansdowne, à Ottawa.

Ne manquez pas cet événement extraordinaire des fêtes de notre 50ième anniversaire.

Projet-Essai d'évaluation des Ecoles d'Infirmières

Les visites commencent

Le programme d'évaluation des écoles d'infirmières vient d'être inauguré; une première école a en effet été visitée et on y a fait le relevé de tous les points qui permettra d'en faire l'évaluation. Les méthodes employées furent celles en usage à la National League of Nursing auxquelles on n'eut à faire que de légères adaptations. La directrice du projet et la visiteuse régionale ont trouvé très intéressante et passionnante cette expérience qui a duré une semaine. La faculté de l'école en question leur donna son entière collaboration, manifesta beaucoup d'enthousiasme et commenta favorablement la valeur de la visite au point de vue éducationnel.

Un rapport complet de cette visite fut rédigé et sera soumis au Comité de revision qui en fera subséquemment l'étude.

Visiteuse de langue française

Il nous fait plaisir de vous faire part de la nomination de **Soeur Denise Lefebvre** comme visiteuse en chef de langue française, du Projet-essai. Les visites des écoles d'expression française seront faites par Soeur Lefebvre accompagnée de la directrice du Projet ainsi que d'une autre visiteuse bilingue.

Visites préliminaires

En plus de la visite officielle, la directrice a fait des visites préliminaires à toutes les écoles participant au programme d'évaluation des provinces d'Ontario, de Québec (anglaises), du Nouveau-Brunswick, de la Nouvelle-Ecosse, de Terreneuve, et de l'Ile du Prince Edouard. Ces visites furent précieuses tant pour l'information des écoles sur la technique de la visite officielle que pour la discussion des points nécessitant des explications.

La Conférence canadienne sur l'Education

L'Association des Infirmières Canadiennes fut représentée à la Conférence canadienne sur l'Education, tenue du 16 au 20 février 1958, par sa deuxième vice-présidente, Mlle **Hélène Carpenter**, par la directrice du Projet-Essai de l'Accréditation, Mlle **Hélène Mussallem.** Mlle **Pearl Stiver**, secrétaire générale représenta l'Association des Infirmières Canadiennes et le Conseil National des Dames auxiliaires des hôpitaux du Canada dont elle est membre.

Voici quelques-uns des sujets discutés aux diverses sessions:

Maisons d'enseignement, mobilier, outillage.
Financement de l'éducation.
Enseignement supérieur.
Organisation et programme.
Rôle de la famille dans l'éducation.
Besoins particuliers en éducation.
Instituteurs — quantité et qualité.

Conseil International — Echanges, 1957

Durant l'année 1957, 64 infirmières de dix pays sont venues au Canada pour y exercer pendant un certain temps, conformément au programme d'échange établi par le Conseil International des Infirmières. Huit infirmières canadiennes eurent les mêmes privilèges dans d'autres pays.

Des programmes d'études et d'observation furent préparés pour onze autres infirmières étrangères et des programmes semblables furent préparés au bénéfice de six infirmières canadiennes, à l'étranger.

De plus, le secrétariat national répondit à 139 demandes de renseignements au sujet de la profession d'infirmière au Canada, adressées par des infirmières de 24 pays.

Soixante-neuf infirmières canadiennes s'adressèrent au secrétariat pour demander des renseignements sur le nursing dans d'autres pays.

Le nouvel Ecusson de l'A.I.C.

Sur une autre page de cette revue, vous verrez le nouvel écusson de l'A.I.C. Les

No pins or curlers needed!

(slips on or off in a jiffy—
won't muss your hair)

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- Can be autoclaved without harming elastic.
- Sanforized against shrinkage.

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membres présents au 28ième Congrès biennal se rappelleront que plusieurs modèles furent soumis à leur approbation. Les suggestions alors apportées par les membres furent très utiles. Le Comité exécutif, après considération, conclut que l'écusson devait être simplifié et que le nom de l'association devait y paraitre en français et en anglais.

Le dessin de l'écusson fut envoyé à chaque association provinciale qui firent parvenir leurs commentaires et opinions au secrétariat national. La majorité approuva le modèle simplifié: une feuille d'érable remplaçant la carte du Canada et une lampe à la place du caducée, la date de fondation, 1908, et le nom de l'Association, dans les deux langues, encerclant l'écusson.

Nécessité de la recherche en Nursing

Lors de la réunion du Comité Exécutif de l'A.I.C. en février, un comité *ad hoc* fut formé pour étudier la question de la recherche en nursing au Canada et pour préparer un plan d'action à ce sujet. L'on s'attend à ce qu'un rapport intéressant soit présenté à ce sujet à l'assemblée du 50ième anniversaire.

Ministère des Postes du Canada

Le secrétariat vient de recevoir du Ministère des Postes un avis concernant la possibilité de disposer d'un service postal exclusif lors du congrès de juin prochain, et qui se lit comme suit:

"Le Ministère des Postes du Canada a le plaisir de vous informer qu'un service postal complet sera mis à la disposition de l'Association des Infirmières Canadiennes pendant toute la durée de son congrès biennal, du 23 au 27 juin prochain.

Le bureau de poste, situé dans le coin est de l'Annexe du Colisée, parc Lansdowne, Ottawa, sera ouvert de 8 heures du matin à 6 heures du soir. Le courrier y arrivera à 8 heures du matin et à 1 heure de l'après-midi et partira à 1 heure et à 6 heures.

Le courrier destiné à ce bureau de poste devra être adressé comme suit:

a/s Bureau de Poste,
Parc Lansdowne,
Ottawa, 1, Ont.

Le service des Postes offre à tous les membres de l'Association des Infirmières Canadiennes ses meilleurs voeux à l'occasion de la célébration du cinquantenaire de cette association."

Chez les nôtres

Mme **M. P. Rouleau Couture** vient d'être nommée infirmière consultante auprès du Ministère de la Santé de la province de Québec, division de l'Hygiène maternelle et de l'Enfance.

Mme Couture connait aussi bien les besoins de la province que le désir des infirmières, tant des hôpitaux que des services d'hygiène publique, de coopérer à tous les programmes de la division de l'Enfance. Nous offrons à Mme Couture nos meilleurs voeux de succès.

Conférence provinciale sur l'Education

Précédant de deux semaines la Conférence nationale, une conférence provinciale sur l'éducation avait lieu à Montréal du 7 au 9 février 1958. Plus de cent associations et groupes y avaient envoyé des délégués. Les sujets à l'étude furent les suivants:

La Législature.
Financement.
Coordination de l'enseignement.
Personnel enseignant.
Condition de travail et rôle de l'éducateur.

L'Association des Infirmières de la Province de Québec était représentée à cette conférence par les soeurs **Bachand** et **Denise Lefebvre** et Mlle **Suzanne Giroux.**

Nouvelles au sujet du Congrès

Logement

Mlle **Edith A. Cale**, autrefois consultante à la Division de l'Hygiène Publique, Ministère de la Santé, Toronto, prête son concours au secrétariat national dans l'organisation du logement des congressistes. Des mesures ont été prises pour loger les religieuses dans les couvents d'Ottawa. Toutes les réservations doivent cependant être faites par l'entremise du secrétariat national.

Aucune réservation particulière n'a été faite pour les étudiantes; elles seront logées comme les autres congressistes.

VEUILLEZ NE PAS RETARDER A REMPLIR VOS CARTES D'INSCRIPTION ET DE LOGEMENT!

Hating people is like burning down your own house to get rid of a rat.
—Harry Emerson Fosdick.

Don't carry chips on your shoulders unless you are willing to pay for excess baggage.

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Morning Milk

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Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding:

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TENTATIVE PROGRAM

50TH ANNIVERSARY GENERAL MEETING

THEME: — *"Into the Future Open a Better Way"*

Coliseum, Lansdowne Park, Ottawa, Canada

JUNE 22nd - 27th, 1958

Sunday - June 22nd.

Registration ..... 10:00 A.M. - 3:00 P.M.
National Office, 270 Laurier Avenue West, Ottawa.
Wreath Laying Ceremony ..... 4:00 P.M.
The National War Memorial
To honor Canadian nurses who gave their lives in two World Wars
Church Services
Protestant — St. Matthews' Church ..... 7:00 P.M.
Carling Avenue at Bank Street
Roman Catholic — St. Joseph's Church (Special Mass) ..... 7:30 P.M.
Wilbrod Street at Cumberland Street

Monday - June 23rd.

MORNING

Miss Trenna G. Hunter, President of the CNA, presiding

Invocation ..... Chaplain E. G. B. Foote, O.B.E., C.D., R.C.N.
Protestant Chaplain-of-the-Fleet
The Royal Canadian Navy

Official Opening ..... National and Civic Dignitaries
Greetings
Response to Greetings
Roll Call of Federated Associations
Introduction of representatives of Commercial Exhibitors

Keynote Address ..... Miss Daisy C. Bridges, O.B.E., S.R.N.
"The Patient, the Present and Progress"
Executive Secretary,
The International Council of Nurses,
London, England.

AFTERNOON

The Presidential Address ..... Miss Trenna G. Hunter
"Your General Secretary Reports" ..... Miss M. Pearl Stiver
"Yardstick for the Future" ..... Miss Alice Girard, Chairman, Committee on Finance
"Accounting for the Past" ..... Miss M. P. Stiver, Treasurer

EVENING

Pageant on Nursing ..... Coliseum, Lansdowne Park
Under the Distinguished Patronage of His Excellency
The Right Honorable Vincent Massey, C.H., Governor-General of Canada.

Tuesday - June 24th.

MORNING

The Chairman Presents ..... Miss Trenna G. Hunter
In an interesting informal panel, the present and future activities of national committees will be highlighted.

AFTERNOON

"Nursing in the World To-day and the Future" ..... Miss Lyle Creelman, R.N., B.A.Sc., M.A.
Chief of the Nursing Division,
World Health Organization,
Geneva, Switzerland
Miss Agnes Ohlson, R.N., B.S., M.A.
President, The International Council of Nurses
It is planned that nurses from other countries will participate in this session.

EVENING

Pageant on Nursing ..... Coliseum, Lansdowne Park
Under the Distinguished Patronage of His Excellency
The Right Honorable Vincent Massey, C.H., Governor-General of Canada.

For Student Nursing Curriculums

Patient-Centered Approach to Basic Nursing Principles

McClain-Gragg SCIENTIFIC PRINCIPLES IN NURSING

Rearranged in a more logical teaching sequence, the soon-to-be-released 3rd edition of SCIENTIFIC PRINCIPLES IN NURSING is a compact yet complete presentation of basic nursing principles. Written specifically for courses in "Fundamentals of Nursing", "Nursing Arts" or other basic courses, this revision fully develops the idea of total nursing care of the patient and uses procedures only where they classify certain principles for the student. Meaningfully-illustrated with photographs and drawings, many of them specially posed to teach a specific principle or procedure, this book contains a wealth of new information on the responsibilities of the nurse, nursing care and community health. Included in the Appendix are such special teaching and study aids as tables of suffixes, abbreviations, weights and measures and metric-apothecary equivalents.

By M. ESTHER McCLAIN, R.N., B.S., M.S., Instructor in Nursing Arts, Providence Hospital School of Nursing, Detroit, Michigan. Revised by SHIRLEY HAWKE GRAGG, R.N., B.S.N., Visiting Lecturer in Nursing and Consultant, Missouri Baptist Hospital School of Nursing, St. Louis, Mo.; Formerly Coordinator in Fundamentals of Nursing, Barnes Hospital School of Nursing, St. Louis, Mo. Ready May 5, 1958, Approx. 510 pages, 5½" x 8½", 128 illustrations. About, $4.50.

Contains 60 Thoroughly-Tested Exercises

The New 3rd Edition of Roe

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By JOSEPH H. ROE, Ph. D., Professor of Biochemistry, School of Medicine, George Washington University; Formerly Instructor in Chemistry, Central School of Nursing, Washington, D.C. Just Published. 244 pages, 5½" x 8½", illustrated. Price, $2.50.

Books Listed Above Gladly Sent to Teachers for Consideration as Texts. Write Publisher.

For the Nurse in Practice

Essential for Every Nurse Who Cares for Surgical Patients

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Completely revised, retitled and broadened in scope, the new 3rd edition of this book integrates major indications, anatomical and physiological considerations, and procedures and precautions to be used in surgery. Presenting pertinent information regarding operating room management, surgical nursing, and hospital, medical and nursing administration, this treatise is essential reading for anyone concerned with pre-surgical or post-surgical nursing care. Coverage is extremely wide and reinforced with over 500 illustrations.

By EDYTHE LOUISE ALEXANDER, R.N., B.S., M.A., Director of Nursing Service and Principal of the School of Nursing, Lutheran Medical Center, Brooklyn, New York; Formerly Supervisor of Operating Rooms of the Roosevelt Hospital, New York. Available soon. 3rd edition, approx. 770 pages, 6¾" x 9¾", 555 illustrations. About, $12.00.

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Wednesday - June 25th.

MORNING

"An Ounce of Magic"

(Accident Prevention Session)

A session of interest to nurses in all fields of nursing.

AFTERNOON

Group and individual activities

Varied choice of activities planned by the Arrangements Committee. Tours of the National Capital, scenic drives, scientific tours, professional visits, flight over the Capital and St. Lawrence Seaway.

Thursday - June 26th.

MORNING

"Nursing in the News"

Our Editor of *The Canadian Nurse* and representatives of the press, radio, TV, will participate in this session.

Student Luncheon

Convention Hall, Coliseum — *Guest Speaker* Miss Helen G. McArthur, National Director, Nursing Services, The Canadian Red Cross Society, Toronto "The World Under Your Fingertips".

AFTERNOON

"New Fields to Conquer" — Dr. Alastair MacLeod, Assistant Director, Mental Hygiene Institute, Montreal, Canada Other speakers to be announced.

Friday - June 27th.

MORNING

"Guidelines For the Future" — An informative session providing a progress report of the Pilot Project for the Evaluation of Schools of Nursing, with suggestions for future research in nursing.

AFTERNOON

An impressive ceremony to honor our retired Past Presidents and other nurses who have made a valuable contribution to nursing.

Report of the Scrutineers

Report of the Resolutions Committee

EVENING

Mary Agnes Snively Memorial Lecture

Installation of Officers

Reception — Guests of the Registered Nurses' Association of Ontario.

Better protection against accidents is urgently needed for preschool children. Currently, accidents take about 4,800 lives each year among this age group in the United States. This is more than twice the deaths from pneumonia and influenza which ranks second among the causes of death. Leaving children without adequate supervision in the home is an important factor in deaths from fires. The youngest children are most vulnerable to drownings — two-thirds of such deaths in the 1-4 age group occurring at ages 1-2 years. The largest number of deaths from poisoning occur from ages 1-2 when children tend to put into their mouths almost anything within reach.

—Metropolitan Information Service

Difficult deliveries of the kind that have hitherto required the use of obstetric forceps are now generally handled in Sweden by means of a suction bowl which is attached to the head of the fetus. It makes anesthesia unnecessary for this type of delivery. The suction is only applied when the natural effort is not strong enough.

— Swedish-International Press Bureau

* * *

What matters is not the size of the dog in a fight, but the size of the fight in a dog.

* * *

In baiting a mouse-trap with cheese, always leave room for the mouse.

—H. H. MUNRO

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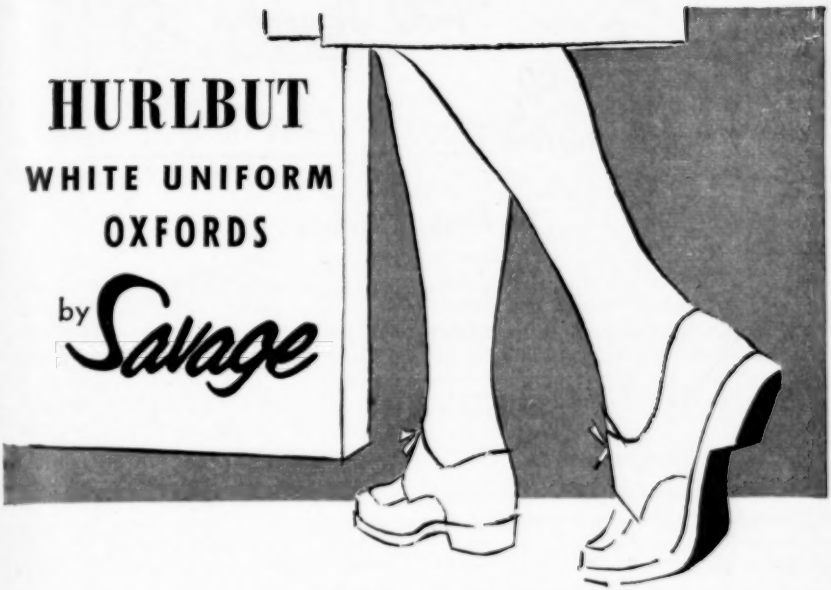
WHITE UNIFORM OXFORDS
by Savage



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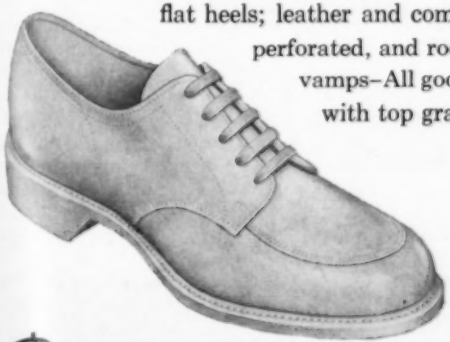

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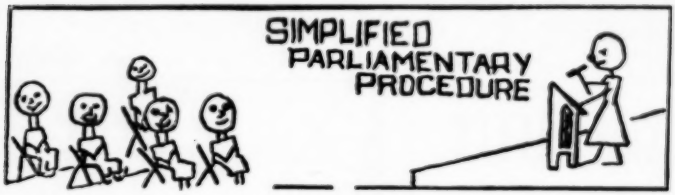

IV Amendments

THE LOWEST IN RANK of the subsidiary motions is "to postpone indefinitely." In a sense, it opens debate on the main motion by saying, to all intents, "let's *not* do the thing the main motion proposes." Let us illustrate this action:

Main motion: that a television set be purchased.

Subsidiary motion: I move that consideration of the main motion "that a television be purchased" be postponed indefinitely.

If the motion to postpone indefinitely receives an affirmative vote, it disposes of the main motion with complete finality.

While the motion to postpone indefinitely is pending, the main motion may be amended or referred to a committee. If the latter motion is made, it is the main motion that is referred, the motion to postpone being ignored.

AMENDMENTS

The purpose of a motion to amend is to alter the wording of a motion or resolution so that in the form that is finally voted upon it expresses the wishes of the voting body more satisfactorily. Amendments may be made by any one of the following methods:

1. By *inserting* words or *adding* them at the end.
2. By *deleting* a word or words that were part of the original motion.
3. By *striking out* some words and *substituting* others for them. This substitution may consist of one word, a phrase, a clause or it may be an entirely new phrasing.

The simplest way to decide whether a motion may or may not be amended is this: Can the wording be altered? All motions that may be presented in different forms may be amended. Thus, main motions, even amendments themselves are subject to amendment. It is obvious that a motion to postpone indefinitely cannot be stated in any other fashion than that noted above, so it cannot be amended. A motion to refer a piece of business to a committee could be amended, however, by providing for how many persons should be on the committee or who should appoint them. Is the motion variable? If so, it can be amended.

The most important factor in all amendments is that they must be *germane*. The dictionary defines "germane" as "related or relevant; appropriate; having a direct bearing upon." So the amendments must be definitely related to the motion that is in process of being amended.

Main Motion: That a television set be purchased.

Presumably, as that motion is worded, everyone is supposed to know where the set will be placed, what make and model of set will be purchased, who will be responsible for buying it, how much may be spent on it, etc. All those questions are germane to the original motion. Any one or all of them may be proposed as amendments of the first rank. Just as there can be only one main motion under consideration at one time there can be only one amendment of first rank. Since amendments may also be amended, an amendment of second rank may propose a change in the wording of the amendment. *There is no such thing as an amendment of third rank.*

It is important to remember that in the discussion and voting on amendments only those words that are being inserted, deleted or substituted are being considered. Reference to the main motion may only be made to explain what effect the amendment, if

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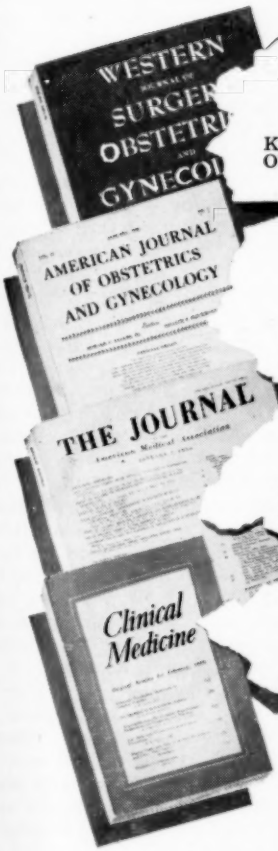
a clinically accepted method of menstrual hygiene



"Free from harm or irritation to the vaginal and cervical mucosa."

Karnaky, K. J.: Western Journal of Surgery, Obstetrics and Gynecology, Vol. 51, pp. 150-152.

"No evidence that the use of the tampon caused obstruction to menstrual flow."

Thornton, M. J.: American Journal of Obstetrics and Gynecology, Vol. 46, pp. 259-265.

"Does not impair standard anatomic virginity."

Dickinson, R. L.: The Journal of the American Medical Association, Vol. 128, pp. 490-494.

"Easy and comfortable to use and eliminated odor."

Sackren, H. S.: Clinical Medicine, Vol. 46, pp. 327-329.

Three absorbencies: Junior, Regular, or Super Tampax meet varying requirements.

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approved, would have. The final vote on the main motion, as amended, is not taken until everyone is satisfied that the wording does not require any further amendments. The secretary records each amendment as it is moved and seconded, noting whether it was carried or defeated.

Let us return now to the main motion and some possible amendments that might be made.

Main motion: Moved by Miss White and seconded that a television set be purchased.

The chair: It has been moved and seconded "that a television set be purchased." Are you ready for the question?

Amendment: Moved by Miss Gray and seconded that the motion be amended by inserting "17-inch screen" before the word "television."

The chair: It has been moved and seconded to amend the motion "that a television set be purchased" by inserting the words "17-inch screen" before the word "television." Is there any discussion? Are you ready for the question?

Amendment to the amendment: Moved by Miss Black and seconded that the amendment be amended by substituting "21" for "17."

The chair: It has been moved and seconded to amend the amendment by substituting "21" for "17." Are you ready for the question?

The debate at this point must be limited to the relative value of a "21" versus a "17" screen, not for or against the purchase of the TV set.

After the discussion the vote is taken. Suppose it is carried. The chairman then repeats the amendment as amended. "The question before you is to insert the words "21-inch screen" before the word "television." Are you ready for the question? It is carried.

The chair: The amended motion that a 21-inch screen television set be purchased is open for discussion. Are you ready for the question?

Amendment: Moved by Miss Brown and seconded, that the motion be amended by rewording it to read, "that a sum of $300 be allocated for the purchase of a 21-inch screen television set."

The chair: It has been moved and seconded that the motion be amended by rewording it to read, "that a sum of $300 be allocated for the purchase of a 21-inch screen television set." Are you ready for the question?

Amendment to the amendment: Moved by Miss Green and seconded, that the first "of" be deleted and the words "not to exceed" be inserted before $300.

The chair: It has been moved and seconded that the amendment be amended by deleting the first "of" and by inserting "not to exceed" before $300. Are you ready for the question? Defeated.

Voting then takes place on the amendment. If it is carried it *becomes the main motion.* Since it has been carried as an amendment, this approval extends to it as the main motion. Another vote is unnecessary. The secretary's minutes will show that the motion as amended was carried.

An amendment may be made that is in direct opposition to the main motion. For example, the motion "that we condemn the action taken by the executive for permitting a strike ballot to be taken" could be amended by deleting the word "condemn" and inserting the word "applaud." The intent of the original motion is completely reversed but since the amendment is germane it would be in order. However, the simple negation of a motion — that we *do not* purchase a television set — is out of order since those who are opposed will have an opportunity to show their disapproval of the business by voting against it.

Next Month — **Other subsidiary motions.**

Watching television in an otherwise dark room contributes to eyestrain. To avoid the contrast between darkness and the lighted screen, the rest of the room should be softly lighted.

— Dept. of National Health and Welfare

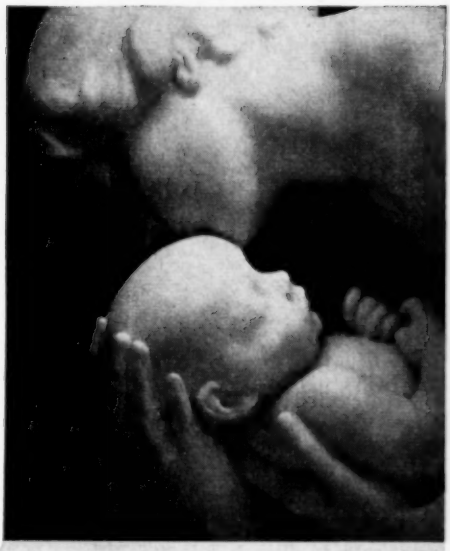
If children grew up according to early indications we should have nothing but geniuses. — GOETHE

* * *

The first set of complete dentures was invented in Japan 400 years ago.

"MOTHER"
by A. Lewin-Funke

Courtesy of
The Metropolitan Museum of Art



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In Memoriam

Jean McClure Anderson, a graduate of the Greater Niagara General Hospital, Niagara Falls, in 1929, died on January 19, 1958. She had engaged in private nursing until her retirement in 1948.

* * *

Mrs. Margaret Boldick who graduated from the Cornwall General Hospital in 1909, died on May 17, 1957.

* * *

Minnie Byrne, a graduate of Hotel Dieu Hospital, Leamington, Ont. died on January 25, 1958.

* * *

Rose Jane Cockburn, a graduate of the McNutt Hospital, San Francisco died in Vancouver on January 16, 1958. She was appointed as a supervisor in the Vancouver General Hospital in 1912 and became director of the household department two years later. She held this position until her retirement in 1942.

* * *

Marjorie Dickie who graduated from the Oshawa General Hospital in 1925 died on December 16, 1957. The daughter of missionary parents, she had served in China in a similar capacity for several years. Latterly she had engaged in private nursing.

* * *

Edith (Clark) Hill, a graduate of the Medicine Hat Municipal Hospital in 1905, died on January 7, 1958.

* * *

Frances (Crysler) Hilliker who graduated from St. Michael's Hospital, Toronto in 1894, died recently. She was the last surviving member of the first graduating class.

* * *

Grace (Wetmore) Johnson, a graduate of the Montreal General Hospital in 1927 died on October 19, 1957.

* * *

Soeur Adèle Levasseur, membre de la Communauté des Soeurs Grises de Montréal, est décédée le 23 décembre 1957. Elle obtint son diplôme de l'Ecole des Infirmières de l'Hôpital Notre-Dame de Montréal en 1936 et reçu son baccalauréat en nursing de l'Institut Marguerite d'Youville en 1943. Après l'obtention de ce grade, elle eut l'avantage d'augmenter son expérience auprès des malades dans le service général à l'Hôpital Notre-Dame de Montréal, ainsi qu'à l'Hôpital Ste-Croix de Calgary. Ensuite, elle remplit le poste de professeur à l'Institut Marguerite d'Youville. Elle passa les dix dernières années de son existence dans le rôle de directrice de l'éducation des infirmières à Regina.

* * *

Gertrude Audrey MacDonald who graduated from the Hotel Dieu Hospital, Chatham, N.B. in 1956 died in a car accident on December 23, 1957. She was on the staff of the Moncton Tuberculosis Hospital.

* * *

Harriett Anne Meadows, a graduate of the Brandon General Hospital in 1919, died on January 6, 1958.

* * *

Lillian M. Moore who graduated from St. Michael's Hospital, Toronto in 1903 died on January 25, 1958. For many years she was director of social services on the staff of the New York Hospital for Joint Diseases.

* * *

Adelaide Renskin a graduate of St. Paul's Hospital, Saskatoon in 1916 died on February 2, 1958.

* * *

Thomas Rocan who graduated from St. Paul's Hospital, Saskatoon in 1953, died in December 1957 after a lengthy illness.

* * *

Maude Runions who graduated from Cornwall General Hospital in 1906, died on November 29, 1957.

* * *

Norma (Pinder) Sanger who graduated from the Oshawa General Hospital in 1922 died in December, 1957.

* * *

Anne Scott, a graduate of the Oshawa General Hospital in 1914, died on November 19, 1957. She was the first industrial nurse in that city and was in the employ of General Motors of Canada for some time.

* * *

Margaret Stone, a graduate of the Public General Hospital, Chatham, Ont. in 1903, died in January, 1958 after a prolonged illness. She was 97 years of age.

* * *

Agnes Sutherland, a graduate of an English hospital, died in London, Ont. on January 7, 1958. She served in World War I with No. 2 Canadian Stationary Hospital

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purity, its quality; loved
for its good taste, in
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— part of her experience included caring for the famed "Old Contemptibles." Later she was on wounded convoy duty. She was decorated by King George V and received the Royal Red Cross Medal in recognition of her services. During civilian life, she spent some time with the Saint John District Health Centre and then joined the Provincial Employment Office where she remained until her retirement in 1951.

* * *

Ethel Carrie Tryhorn who graduated from St. Michael's Hospital, Toronto in 1952 died on September 28, 1957.

* * *

Margaret Way, a graduate of St. Michael's Hospital, Toronto in 1925, died on October 17, 1957.

Thressa Marion (Walker) Young who graduated from Brandon General Hospital in 1930 died on December 6, 1957. She had served in Dauphin General Hospital, Royal Jubilee Hospital, Victoria, and Creston Valley Hospital.

Mrs. R. S. McLaughlin, an honor graduate of Oshawa General Hospital, died on January 10, 1958. Intensely interested in the hospital and, in particular, the alumnae association, she was made an honorary member in 1954. McLaughlin Wing and McLaughlin Hall — a nurse's residence — are visible testimonials to the generosity of Colonel R. S. McLaughlin and his wife. Mrs. McLaughlin had been the president of the Hospital Auxiliary since its formation.

In the Good Old Days

(*The Canadian Nurse* — APRIL, 1918)

A nurse reminds us that, in war time, economy is very necessary, and recommends the use of rice water instead of starch to stiffen underlinen.

* * *

The open-air treatment is the latest and best in the therapeutics of pneumonia. The patient must be well wrapped up and protected, then allowed all the fresh air that is available. The diet must be of the most nutritious, but easily digested food. Strong black coffee is valuable throughout the disease.

* * *

A writer in a Spanish medical journal thinks that the symptoms known as angina pectoris are of nervous origin, the result of some disturbance causing paralysis of the muscles of expiration. The patient is unable to expel the breath in his lungs but keeps on taking in deep breaths increasing the pressure and impeding circulation.

An eminent New York physician stated that consumption had become a great dread of the individual and the community. In his opinion the danger to the community was very slight particularly in the early stages of the disease. He was convinced that tuberculosis was not very contagious.

* * *

The vital statistics for Saskatchewan for 1916 show a death rate from communicable diseases of 92.8 per hundred thousand of the population.

* * *

There are many agencies at work to promote a high standard of public health, but there is no other agency which can compare with the school in the opportunities offered.

* * *

Beef juice and strong beef tea can be seasoned and stiffened with the proper proportion of gelatine, and in this form are palatable to patients who are tired of liquids.

Hospitals would be empty shells were it not for the modern nurse — her standards of training and devotion to duty make it possible for the modern hospital to offer something more than technical service.

From the doctor's point of view, the trained nurse is more than a skilled worker. She is an indispensable part of his armament . . . Today the demand is so great that it appears at times that we will not have enough girls entering the profession — but somehow that hurdle must be leaped, for without trained nurses modern medicine would limp along minus one of it vital limbs.

—*Vancouver Medical Bulletin*

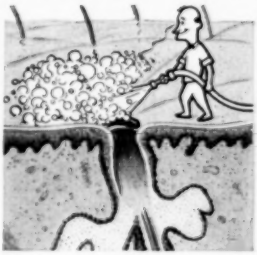
* * *

An acquaintance that begins with a compliment is sure to develop into a real friendship.

— OSCAR WILDE

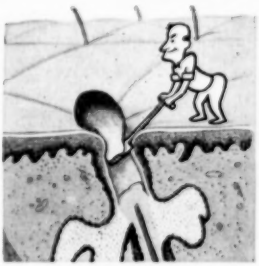
IN ACNE

Fostex® degreases the skin and helps remove blackheads

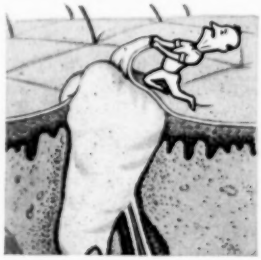


Fostex contains a combination of surface active agents (Sebulytic*) which:

◂ Completely emulsify excess oil so that it is quickly washed off the skin.



◂ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.



Fostex dries and peels the skin

◂ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

*(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)

Fostex is easy for your patients to use

FOSTEX CREAM
for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

FOSTEX CAKE
for maintenance therapy to keep skin dry and substantially free of comedones.

◂ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes—then rinse and dry.

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Toronto 10, Canada

Book Reviews

My Story — Memoirs of a New Zealand Nurse by Mary I. Lambie, C.B.E. N. M. Peryer, Ltd., Christchurch, New Zealand.

Reviewed by Miss E. Kathleen Russell, 31 Alexander St., Toronto, Ont.

In her "Story," Mary Lambie has produced a delightfully interesting and readable book. The nursing world has so little of this kind of biographical sketch that we offer a particularly warm welcome to this addition.

The story starts with a very brief but vivid picture of a small girl in a "Scottish Presbyterian home" transferred to New Zealand where education was "considered of paramount importance." The influences of that home were never lost. Miss Lambie's contributions to nursing service and nursing education have been equally extensive throughout her long life. With her the claims of service and education have always coincided. In passing, it may be added that even the royalties from this publication are being donated to an educational fund.

For the reader, this book is too short. One wishes often for far more information and explanation. This is noted, for instance, when extremely brief remarks are made regarding her travels and experiences in other countries. But we can understand the writer's restraint and her decision to refrain from passing judgment when away from home.

Miss Lambie's success as a government servant is notable. Honesty, courage and persistence brought much reward to nursing in New Zealand during her long tenure of office as director of nursing in the national Department of Health in her own country.

One could make slight corrections regarding very small matters such as a date, a name or an interpretation of opinion. There is little of importance in these. We accept such deviations as the coveted evidence of personal handiwork.

Many old friends in Canada, and elsewhere, will welcome Mary Lambie's memoirs and enjoy this renewal of friendship. Younger nurses will receive strength and inspiration from this all too brief survey of nursing history in a sister country of the Commonwealth. The material throughout the book is characterized by a fine sense of values.

Précis de puériculture et de pédiatrie, par le Docteur de la Broquerie Fortier, F.A.A.P. Edition Wilson & Lafleur, 39 Ouest, rue Notre-Dame, Montréal, 1957. Prix $7.50.

Reviewed by Miss Suzanne Giroux, Visitor to French Schools of Nursing, A.N.P.Q. Montreal.

"C'est afin de diffuser des connaissances qui aideront au développement harmonieux et complet de la personnalité physique et psychique de l'enfant, ainsi qu'à sa protection et au recouvrement de la santé lorsque la maladie l'imprègne et parfois, hélas, le conduit à la mort."

Après avoir lu le livre, nous pouvons dire qu'il atteint son but. Il a réussi à donner des connaissances, non seulement sur le plan soins et pathologique, mais aussi sur le plan social et psychique trop souvent négligé dans l'enseignement aux étudiantes-infirmières et dans la pratique.

L'ouvrage se divise en trois parties : puériculture, puériculture sociale et pédiatrie.

Le livre est agréable à lire. L'auteur a su mettre sa science et son expérience à la portée de ses lectrices, étudiantes et infirmières pour lesquelles le livre a été écrit.

Les institutrices de nos écoles d'infirmières trouveront dans ce livre un guide précieux pour l'enseignement de la pédiatrie. De même il devrait être entre les mains des hospitalières et des infirmières s'occupant des enfants.

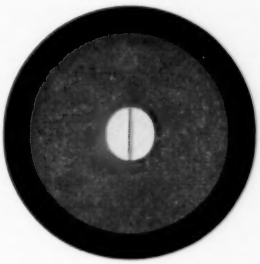
The natural increase in population in Canada during 1957 reached a new high with a gain of 338,000 resulting from a record 475,000 births and 137,000 deaths. There was also an unusually large gain through migration — more than 200,000. This was double the number in 1956, and accounted for two-fifths of the total population growth in the year. The total population at the end of the year was 16,900,000. Ontario and Quebec, the two largest provinces, continued to grow rapidly. The population of Ontario increased by more than four per cent. The rate of growth was even greater on the Pacific coast, the population of British Columbia increasing by 6.4 percent.

* * *

People who are always anticipating trouble manage to enjoy many sorrows that never really happen to them. H. W. Shaw

WHEN ABORTION THREATENS...

CLINICALLY EFFECTIVE THERAPY **BY MOUTH**



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oral *progestogen* with *unexcelled potency* and *unsurpassed efficacy*

In obstetric complications amenable to progestational therapy, the clinical effects of injected progesterone can now be produced by small oral doses of NORLUTIN. For example, one investigator reports that 20 of 21 patients treated for threatened abortion appeared to benefit from administration of NORLUTIN.*

CASE SUMMARY* A 39-year-old married woman with a history of slight dysmenorrhea and staining intermittently superimposed on a regular 28-day cycle was placed on a regimen of stilbestrol. Staining recurred in spite of increasing dosage. Nearly two months after institution of this therapy a pregnancy of 16-weeks duration was discovered. Spotting continued during the following two weeks. Stilbestrol was then discontinued and treatment with NORLUTIN begun. Staining ceased 3 days after beginning treatment with NORLUTIN. The pregnancy continued uneventfully to full term when she gave birth to a healthy male infant weighing 6 pounds, 5 ounces.

INDICATIONS FOR NORLUTIN: Conditions involving deficiency of progestogen such as primary and secondary amenorrhea, menstrual irregularity, functional uterine bleeding, endocrine infertility, habitual abortion, threatened abortion, premenstrual tension, and dysmenorrhea.

PACKAGING: 5 mg. scored tablets (C. T. No. 882), bottles of 30.

*Abramson, D.: Personal communication.

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Macmillan Awards

The six judges have completed their assessment of the 22 studies of comprehensive nursing care submitted for the 1957 competition sponsored by the Macmillan Company of Canada. It is with pleasure that we announce the following winners:

1. Stella Flader, Jewish General Hospital, Montreal — $25.00 prize. Topic: Acute Coronary Artery Disease.

2. Joan Lawrence, University Hospital, Edmonton — $25.00 prize. Topic: Traumatic Arthritis of the Hip.

Three honorable mention book prizes have been awarded to: Joan Vance, General Hospital, Belleville, Ont.; Sister St. Mary Elizabeth, Hôtel Dieu, Kingston, Ont.; Doreen de Souza, St. Mary's Hospital, Montreal.

These five articles will be published in the July, 1958 issue of *The Canadian Nurse.*

Ontario

The following is the list of changes in the Ontario Public Health Services.

Appointments — *Helen (Wray) Currie,* (Vancouver Gen. Hosp., Univ. of B.C.) to Ayr and townships of N. Dumfries and Wilmot Boards of Health. *Lovema Crosskill* (General and Marine Hospital, Collingwood) to Dufferin Co. Health Unit. *Carol (Pope) Hainsworth* (McMaster S. of N.) to Halton Co. H. U. *Helen Epstein* and *Jean McAuley,* (McMaster S. of N.) and *Elizabeth McCarthy* (Women's College Hosp. Toronto, U. of T.) to Hamilton B. H. *Mary (Allison) Crain* (Winnipeg Gen. Hosp., U. of T.) to Oshawa B. H. *Audrey (Wale) McDermott* (Ottawa Univ.) and *Rhea D. (Hunt) Ryan* (Hamilton Gen. Hosp., U. of T.) to Scarborough B. H. *Sarah Loh* (S. of N., Hong Kong and Kowloon, Health Visitors' Cert., Cert. of Queen's Institute of Dist. Nurs.) to Windsor B. H. *Helen Moore* (St. Jos. Hosp., Toronto, U. of T.) to York Township B. H.

Resignations — *Beverley Jane (Barnes) Lunny* from Wentworth Co. H. U. *Lillie (Walker) McHaffie,* from Stormont, Dundas and Glengarry H. U. *Lillian (Chojcan) Ezesky* and *Doris Brown* from Scarborough B. H. *Janet (Thomson) Reed* from Huron Co. H. U. *Janice (Bacon) Hebbert* from Leeds and Grenville H. U. *Julia (Bristow) Roberts* and *Kathleen Terrill* from Northumberland and Durham H. U. *Ellen (Fuller) Pepper* from Welland and District H. U.

These
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provide the nurse with valuable and up-to-date guidance!

Falconer and Norman —
The Drug, the Nurse, the Patient

New! **This book makes pharmacology more meaningful to the student by considering all the major drugs and their relation to common medical and surgical conditions. For each condition, the drugs used to alleviate or cure prominent symptoms are fully described. There is helpful advice on forms of drugs; dosages; administration; source; nurse's responsibilities in administration; psychologic, social, economic and spiritual aspects of administration.**

By Mary W. Falconer, R.N., M.A., Instructor of Pharmacology, O'Connor Hospital School of Nursing, San Jose, California; and Mabelclaire Ralston Norman, R.N., B.S., formerly Instructor, Sacramento Junior College School of Nursing, Sacramento, California; Consultant, Committee on Careers in Nursing, California League for Nursing, San Francisco. About 624 pages, illustrated. *Just Ready!*

Brown —
Medical Nursing

Third Edition! **This text fully guides you in effective nursing care of the medical patient. All common diseases are concisely classified according to systems of the body. Medical descriptions give etiology, symptoms, treatment, prognosis and detailed nursing care for each disorder. Special attention is given to problems of the aged and chronically ill with emphasis on religious, economic, sociologic and emotional needs. Comprehensive discussions cover: relief of pain, sleep, hypotensive drugs, lung cancer and smoking, etc.**

By Amy Frances Brown, R.N., M.S. in N., B.Ed., Ph.D., formerly Instructor and Consultant, St. Anthony's Hospital School of Nursing, Rock Island, Illinois. 947 pages, with 447 illustrations. $7.00. *Third Edition!*

Falconer and Patterson —
Current Drug Handbook

New! **In see-at-a-glance tabular form, this new book gives concise technical data on 1000 drugs in current use. For each drug there are pertinent data on: general names and uses of the drug, toxic symptoms, treatment for acute and chronic poisoning, preparation of drug, dosage (both apothecary and metric), mode of administration, etc. Drugs are listed according to type (antiseptics, anti-infective drugs, autonomic nervous system drugs, etc.). The book will be revised annually to keep it up-to-date with rapid advances in the field.**

By Mary W. Falconer, R.N., M.A.; and H. Robert Patterson, B.S., M.S., Phar.D., Associate Professor of Bacteriology and Biology, San Jose State College, and Pharmacist, O'Connor Hospital, San Jose, California. About 184 pages. *Just Ready!*

Krause — Food,
Nutrition and Diet Therapy

Second Edition! **This text provides the nurse with today's facts about nutrition and the relation of diet to total nursing care. Diets for every type of common disease and disorder are fully covered. This revision features a broader application to nursing, expanded discussions and additional charts. Included is: new material on food economics, geriatric nutrition, nutrition in pregnancy, menus, therapeutic diet recipes, and psychological aspects of feeding the sick.**

By Marie V. Krause, B.S., M.S., formerly Dietitian in Charge of Nutrition Clinic and Associate Director of Education, Department of Nutrition, New York Hospital. 621 pages, 6" x 9¼", with 144 illustrations. $6.00. *Second Edition!*

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News Notes

ALBERTA

EDMONTON

General Hospital

Sr. Ste Croix was honored by the nurses early in February on the occasion of her silver jubilee. Open house was held at the end of the same month to give high school students an opportunity to visit the hospital. A program of fire drill, especially for the school of nursing, is presently being organized.

BRITISH COLUMBIA

PENTICTON

A "pot luck" supper opened the chapter meetings for 1958. It was held at the home of Mrs. H. Hatfield and Miss K. W. Ellis assisted at the tea table. The executive for the coming year includes: Mrs. I. Brown, pres.; M. McInnis, K. Leask, vice-pres.; H. Hyde, rec. sec.; Mrs. L. Kampa, corr. sec.; Mrs. M. Peters, treas. Plans for the year were discussed. A drawing for an electric blanket netted $140 which was added to the Bursary Fund.

TRAIL

The Centennial Nurses' Ball drew an attendance of 190 couples. The proceeds have been used for the Alice Chesser Memorial Fund, the Nurses' Benefit Fund and for hospital equipment. This chapter is to be the hostess group at the dinner held during the district annual meeting in April. Nurses elected to office at the first chapter meeting of the current year include: Mrs. M. Tognotti, pres.; N. Lee, Mrs. M. Naruse, vice-pres.; Mrs. E. Schulte, rec. sec.; Mrs. E. McGerrigle, corr. sec.; E. Longley, treas. The report of the past president for 1957 noted that bursaries had been awarded to two people, and two wheelchairs and a steam kettle were purchased for the hospital.

VANCOUVER

General Hospital

The alumnae association elected the following members to office for the current year: H. King, hon. pres.; Mrs. T. Hopkins, pres.; Mmes. J. McLaren, A. Jones, D. Guthrie; vice-pres.; Mrs. R. Campbell, exec. member; Mrs. M. Faulkner, 587 W. 18th Ave., Vancouver, sec.: Committees: Education, E. Walton; Membership, Mrs. H. L.

REPEATING

REPEATING

Tired of REPEATING Dietary Advice

to Diabetic Patients?

Gain time . . . decrease repetitious talk. Suggest Knox Diabetic Diet Brochures. Based on nutritionally tested Food Exchanges[1], these diet Brochures demonstrate variety is possible for the diabetic, eliminate calorie counting and promote accurate individual adjustment of calories to the need of the patient.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

Cantlon; Program, Mrs. R. Armstrong; Publicity, Mrs. H. E. Stewart.

MANITOBA

District 2

Brandon

Under the direction of Miss Phyllis Long and her panel of three — Doreen Moggey, Ninette; Mrs. Lynne McDonald, Brandon; Eleanor Pattinson, Virden — district members received up-to-date information on the most effective means of orienting the new staff member. Miss Moggey dealt with auxiliary personnel such as the nurses' aide and emphasized the advisability of slow orientation and gradual assumption of responsibility. The orientation of the student nurse both within her home hospital and the affiliating hospital was outlined by Mrs. McDonald. This should be so arranged that as much uninterrupted time as possible may be spent with the student before her duties begin. Miss Long described the suggested method of orienting the graduate. Because of her advanced responsibilities she should have a clear understanding of how she fits into the total picture. The introduction of the public health nurse to her job was discussed by Miss Pattinson. The nurse entering a new area must be familiarized not only with her own local area but the total jurisdiction as well.

General Hospital

A Valentine tea was held under the direction of Mmes. J. Brereton, H. MacKenzie, H. Clement and D. Cowie. Mrs. G. Greaves has been elected to the office of treasurer. Dr. V. Sharpe was the guest speaker at the February meeting.

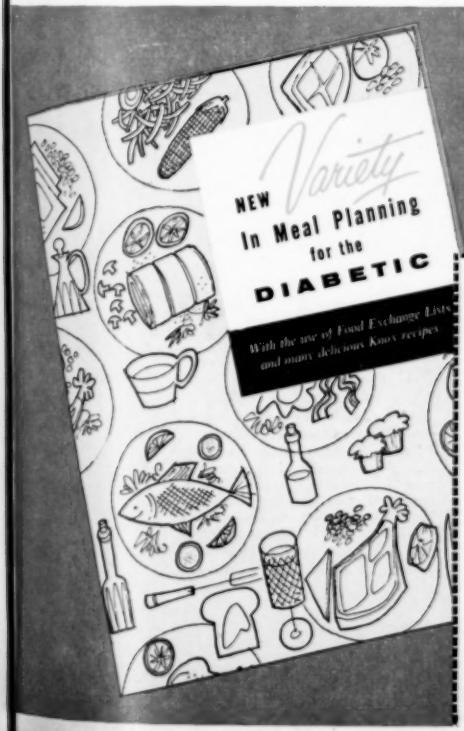
With Mrs. M. McNee as chief instructress a home nursing course is presently being conducted at Civil Defence Headquarters. More than 50 women are registered for the classes.

Early in the year 14 young ladies received their caps from Miss M. E. Jackson, director of nursing at a ceremony held in St. Mary's Anglican Church. Mrs. J. Braga, nursing arts instructor presented the candidates for capping. A. Burns, president of the student body, welcomed the students into the school. Mrs. E. B. Berry and Mrs. W. Cameron presented each girl with a Testament.

St. Boniface

St. Boniface Hospital

The annual dinner and business meeting was held at the hospital in January. A cheque for $350 was presented to Sr. G. Jarbeau to complete the furnishing of a day room. The installation of the new executive completed the meeting. The officers are: Kae B. McCallum, pres.; Sr. Thill, hon. pres.; Mmes. R. L. Gauthier, R. Willows, vice-



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Please send me____dozen copies of the Knox Diabetic Brochure describing the use of Food Exchange Lists.

Your name and address

pres.; Theresa Carey, rec. sec.; Betty Speed, corr. sec.; P. Fee, treas.

WINNIPEG

Victoria General Hospital

Executive officers for the current year are: Mrs. O. Backhouse, pres.; Mrs. T. Abbott, vice-pres.; Mrs. W. Forscutt, sec.; Mrs. Bain, treas. Mrs. M. L. Roper is in charge of publicity, Mrs. J. Gowler, program planning, Mrs. J. Labnovitch, sick visiting and Mrs. J. Barton is the social convener. A Fashion Show has been planned for the Spring to be held immediately preceding the graduation dinner.

NEW BRUNSWICK

MONCTON

Nurses' Hospital Aid

A cooking sale was held in February under the convenership of Mrs. M. J. Perry. The names of the members forming the executive for the current year were announced at a recent meeting. D. Godfrey was the guest speaker at the February meeting.

NEWCASTLE

Mr. G. W. Crandlemire, coordinator of rehabilitation services for New Brunswick, addressed chapter members at their January meeting. He emphasized the value of good rehabilitative measures in returning the handicapped person to normal living and gave several specific examples of the results of rehabilitation. This spring a building devoted to the work of rehabilitation will be opened in Fredericton — tangible evidence of the vision and generosity of one of New Brunswick's citizens, S. Cassidy. This same meeting also featured a panel discussion on team nursing with Misses MacLean, Russell, MacKinnon and Johnston participating.

SAINT JOHN

The following nurses were appointed to fill vacancies in the chapter executive: S. Myles, vice-pres.; J. Kimball, corr. sec.; Sister Anne Marie, Nursing Education committee; Mrs. McDonald, Registry committee; Miss Sulfridge, consultant. At a recent meeting the program was a workshop based on a discussion of "Should the written portion of the oral and written preliminary examinations be abolished and the entire examination be oral."

General Hospital

The largest class in the history of the school of nursing — a total of 50 — was welcomed into the school at a capping and candle lighting service late in January. Miss Jane Stephenson, director of nursing, presided and Miss Doris Grieve, director of nurs-

TALKING

TALKING

Tired of TALKING Reducing Diets?

Save time . . . reduce tedious repetition. Suggest the Knox "Eat and Reduce" Booklets for cardiac, hypertensive and obese patients. Color-coded diets of 1200, 1600 and 1800 calories are based on Food Exchanges[1] . . . eliminate calorie counting . . . promote accurate adjustment of caloric levels to the individual patient.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

ing education, presented the students for capping. Award winners included: Helen Burgess, *The Canadian Nurse*, prize; Janet Falconer, Elizabeth Williston, Women's Hospital Aid bursaries; Margaret Carr, Altrusa Club bursary; Joan Mutch, IODE, Alexandra Chapter, bursary. Mr. R. Craig, psychiatric social worker in the mental health clinic, was the guest speaker. A reception followed the ceremony.

St. Joseph's Hospital

Thirty-three probationery students were welcomed into the school of nursing at a capping ceremony early in February. Sister Helen Marie, director of nurses, assisted by Sister Ann Marie, assistant director of nursing education, presented the caps during a chapel ceremony. A candle lighting ceremony and religious observances followed the capping.

NOVA SCOTIA

Windsor

A very successful card party was held in January at the Paysant Memorial Hospital under the auspices of the Hants County nurses of the Valley Branch R.N.A.N.S. The prize winners for bridge included Isabel Dimock, Mrs. Evelyn Frederickson and Mrs. Richard Taylor. Lucky prizes went to Mrs. Claude Smith, Mrs. Ralph Dimock and Mrs. Doris Fraser. Other winners were Mrs. Thomas Hennessey, Mrs. Eric Smiley and Sharon Smith. Mrs. Harry Woodhead was chairman of Arrangement Committee.

ONTARIO

District 2

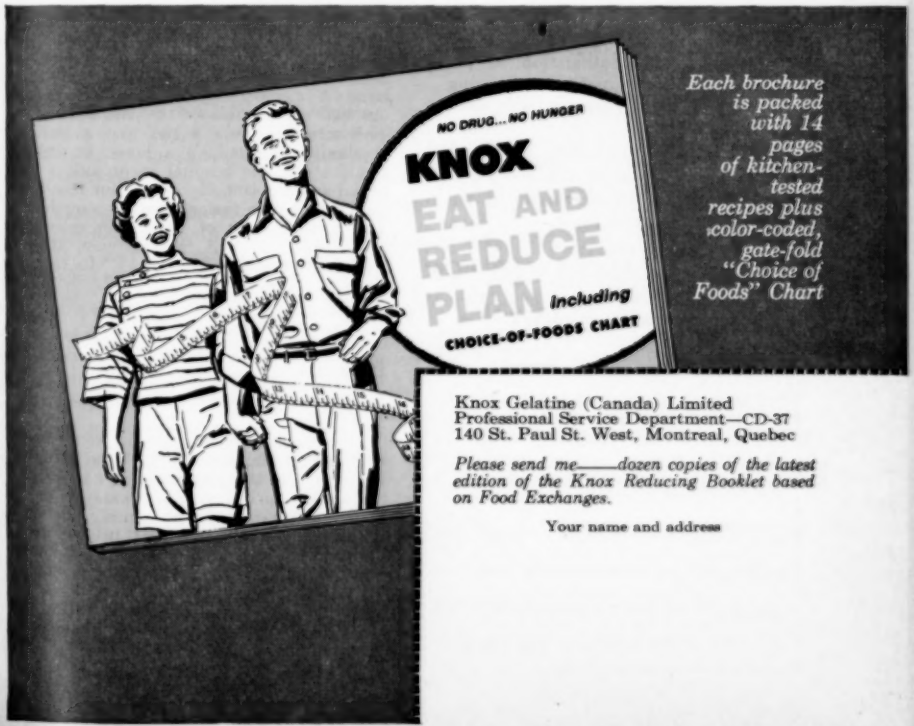
Professor James Scott, University of Western Ontario, was the guest speaker at the dinner held in conjunction with the annual district meeting. Taking as his topic "The Patient Looks at his Nurse," he stressed the emotional and social needs of the person in a strange environment, as well as his physical requirements. Misses M. Snider and E. Roulston presented the interesting highlights of their attendance at the ICN Quadrennial Congress. A strong interest in nursing affairs is evident among the members of this area.

District 3

Owen Sound

General and Marine Hospital

Alumnae members elected to the executive for the current year include: A. Matches, pres.; J. Bell, vice-pres.; Mrs. N. Davis, sec.; M. Taylor, treas.; C. Walker, B. Graper, J. Bell, I. Johnson, Mrs. D. McKee, W. Dawson, committee conveners; H. Boyes, rep. to *The Canadian Nurse;* M. Cruick-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Please send me——dozen copies of the latest edition of the Knox Reducing Booklet based on Food Exchanges.
Your name and address

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. . . **SECURE** from the fear of disturbing, perhaps tragic, mixups caused by misidentification of patients. Because patients wearing Ident-A-Bands are *unmistakably* identified at all times . . . in or out of bed . . . confused, disturbed or unconscious. Thus assured, the nurse performs her duties with maximum efficiency, minimum fatigue.

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shank, rep. to R.N.A.O.; Mrs. H. McKerrol, rep. to Local Council of Women; E. Cook, Nurses' Lounge treas.

District 5

Oshawa

General Hospital

The following members have been elected to the executive of the alumnae association for the current year: Mrs. G. Telford, hon. pres.; Mrs. F. Mason, pres.; D. Moore, Mrs. E. Dean, vice-pres.; Mrs. G. Baker, rec. sec.; Mrs. M. Chesher, corr. sec.; Mrs. T. Fairbrother, treas.

Toronto

East General and Orthopedic Hospital

At a regular meeting of the alumnae association early in February, the following slate of officers was elected: Mrs. G. Kay, pres.; R. Anderson, Mrs. Culley, vice-pres.; L. Warman, treas.; H. Corbett, corr. sec.; J. Donald, rec. sec.; M. Skinner, rep. to *The Canadian Nurse;* L. Lorimer, attendance convener; Mrs. Hefferon, bulletin editor.

Women's College Hospital

The annual meeting of the alumnae association was held in Burton Hall in January. In spite of a small attendance, ideas for the future were plentiful. Plans for entertaining the members of the current graduating class were discussed. The results of a questionnaire relating to the publishing of the newsletter were presented. It was decided that only members in good standing would receive the bulletin after the March issue. A membership drive is to be carried out under the guidance of Mrs. K. Cooper. The members were asked to consider the possibility of founding a home for retired graduates of the hospital to provide a congenial and pleasant atmosphere for those who might otherwise find retirement very lonely. The present slate of officers includes: M. Mills, pres.; Mrs. A. Massingham, Mrs. S. Walmer, vice-pres.; Mrs. W. J. Moore, corr. sec.; K. Mullen, rec. sec.

District 6

Belleville

General Hospital

Alumnae members have decided to join with the members of the local Nursing Registry and the student nurses in holding the annual spring tea and bazaar. The association has contributed lamps, pictures, a full-length mirror and other furnishings to the nurses' lounge in addition to the money already donated for this same purpose. A Valentine coffee party was held in the lounge of the Ritchie Memorial Residence lately. All graduate nurses in the city and district were invited. The student nurses held their Penny Sale in March.

recent pediatric report:

all constipated babies*

all teething babies* (but one)

with gastrointestinal upset and malaise

were relieved by

Baby's Own Tablets

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write . . .

Typical Case History

CASE #23. Baby M.P., age 7 months, weight 17¼ lb., had poor bowel movements with excessive straining. Stools were very hard, small, stony masses, and occasionally bloody. Baby was irritable, cranky, restless and cried incessantly. Inspissated fecal masses were palpated in the lower abdomen ('sausage').

BABY'S OWN TABLETS were given, one tablet each night at bedtime.

On examination, one week later, baby was feeling well and happy. Bowel movements were good, no straining or bleeding. Stools were soft and well formed. Abdomen was soft, no masses palpable.

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DISTRICT 7

KINGSTON

Ontario Hospital

The alumnae association recently elected the following slate of officers: Mrs. M. Gibson, pres.; H. Zarins, R. Lamb, vice-pres.; Mrs. M. Austin, sec.; Mrs. D. Loye, treas.; S. Potter, rep. to *The Canadian Nurse*. Plans for the year included a pot-luck supper in March and a bridge party in the following month. Tentative plans have been made for a reunion of graduates in 1959 — the first time such an event has been arranged by this association.

QUEBEC

MONTREAL

General Hospital

A busy year in 1957 concluded with a delightful Christmas party. B. Whitley, president of the Women's Auxiliary, gave a humorous monologue and a group of student nurses led in carol singing. Members had an opportunity to chat and visit in the friendly, informal party atmosphere. A silver collection provided flowers for shut-in alumnae members during the holiday season.

Dr. Hugh E. Burke, Royal Edward Hospital, was the guest speaker at the first meeting of the new year. He showed slides taken during his recent visit to India. J. Bishop has joined the staff of the University Hospital, Edmonton. Sue (Walker) Green has been appointed assistant head nurse in the Recovery Room. J. Mitchell is assisting with the teaching program in neurology and neurosurgery. J. Hackwell is the new assistant head nurse on 18W.

Royal Victoria Hospital

The spring class of preclinical students was welcomed at a tea early in February. L. Wallace is with the RCAF Canadian Armed Forces in Europe, stationed at Zwiebrucken, Germany. K. (Wambolt) Leverman and J. Lordly are with the City Nursing Division, Halifax. S. Hart has joined the teaching staff of the Victoria General Hospital, Halifax.

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SASKATCHEWAN

SASKATOON

St. Paul's Hospital

Eighty members attended the annual alumnae dinner. Annual reports and a résumé by the president of the year's activities were given. Plans for the coming year were voted on and the election of officers was held. Those comprising the executive are: Sr. J. Quintal, hon. pres.; M. H. Dingwall, pres.; Mmes. J. Robertson, I. Bickle, vice-pres.; J. Gladstone, sec.; Mrs. J. Parres, treas.; Mmes. R. MacKay, I. Metcalf, W. McIvor and J. R. Fewster, councillors.

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No. 2. Medical-Surgical Nursing — Supervision and Teaching.
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(Clinics in all branches of Medicine, Surgery — including Industrial Nursing — and Allied Specialties.)

Courses include: lectures by the Faculty of the Medical School and Nursing School; principles of teaching ward management; principles of supervision; teaching and management of the specialty selected. Positions available to graduates of these courses. Full maintenance is provided.

For information address:

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Offers to qualified Registered Nurses a 16-week supplementary course in

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with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

Director, School of Nursing
The Johns Hopkins Hospital
Baltimore 5, Maryland, U.S.A.

WILLS EYE HOSPITAL

Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in ***Nursing Care of the Eye*** to *Graduates of Accredited Nursing Schools.* Operating Room Training is scheduled in the course.

- $180 PER MONTH & MAINTENANCE is provided for first four months. For the next two months compensation is $190 & maintenance.
- REGISTRATION FEE is $20
- Course starts **March 15 & September 15.** Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses,
Wills Eye Hospital,
1601 Spring Garden Street,
Philadelphia 30, Penna.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Director of Nursing for 26-bed General Hospital presently under construction, 100 miles east of Vancouver. Position open about May, approx. 3 mo. prior to hospital completion. Apply with full particulars to: Administrator, Fraser Canyon Hospital, Hope, B.C.

Director of Nursing for 91-bed hospital (Construction of new 240-bed hospital to commence as soon as weather permits. Excellent opportunity for an individual with initiative & organizing ability. Commencing salary: $340-$390 per mo. depending on administrative experience. Annual increments. Accommodation provided at nominal charge. Please address applications stating qualifications, experience & date available to Administrator, Prince George & District Hospital, Prince George, British Columbia.

Director of Nursing Service for 155-bed, fully accredited, completely modern hospital with all graduate staff. Salary: $425 to commence; reviewed annually. 28-day annual vacation; statutory holidays; sick leave. Private suite in residence, $20 monthly. Apply stating age, experience & references to the Administrator, Trail-Tadanac Hospital, Trail, B.C.

Registered Nurse for **Matron** for modern 20-bed hospital (Duties to commence August 1st.) 1-mo. vacation after 1 year. Sick leave. Living quarters adjoining hospital. Apply, stating experience & salary expected to: Secretary-Treasurer, Memorial Hospital, Deloraine, Manitoba.

Superintendent for 16-bed hospital. Good salary. 44-hr. wk. 3-wk. vacation plus statutory holidays. Sick leave benefits. Apply to the Shelburne District Hospital, Shelburne, Ontario.

Assistant Director of Nursing Service. Position requires qualification of BSc. in Nursing with Hospital Administration. Applications to be made to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Assistant Matron with postgraduate preparation for 140-bed hospital with building program in operation. For further information, write Acting Matron, King Edward VII Memorial Hospital, Bermuda.

Operating Room Supervisor. Operating Room Nurse for 70-bed General Hospital. Maintenance: $35 per mo. Please apply to: Ross Memorial Hospital, Lindsay, Ontario.

Operating Room Supervisor for large Sanatorium. Experience in Chest Surgery desirable. Salary according to qualifications. Good personnel policies. Apply Director of Nursing Service, The Beck Memorial Sanatorium, London, Ontario.

Operating Room Supervisor. Night Supervisor. Assistant Head Nurse. Excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Ward Supervisors (2) for rotating service (days, evenings, nights) immediately for 150-bed tuberculosis hospital. First letter should give full details, age, training, experience, salary & date available. Apply: Director of Nursing, Grace Dart Hospital, 6805 Sherbrooke St. E., Montreal 5, Quebec.

Night Supervisor. Head Nurse (Pediatrics). General Duty Nurses. Nursing Assistants. Salaries: $300-$385, $280-$360, $250-$320, $170-$200 respectively. For full information please reply to: The Director of Nurses, Swift Current Union Hospital, Swift Current, Saskatchewan.

Classroom & Clinical Instructors for 196-bed hospital. New teaching unit (1953) — 85 students, 1 class a yr. Starting salary: $290 with half yearly increments. Good personnel policies. Apply Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Science Instructor — Clinical Instructor for General Hospital — 40 students — 1 class a year. For further information please apply to Director of Nursing, St. Joseph's General Hospital, Vegreville, Alberta.

Medical—Surgical Instructor. R.N.A.B.C. personnel policies. Minimum salary: $3,600 per yr. Apply Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Nursing Arts Instructor for 170-bed hospital in University City (School of 80 students). Please apply: Director of Nurses, Victoria Public Hospital, Fredericton, New Brunswick.

Instructor for 8-wk. affiliation program in large sanatorium. Salary according to qualifications. Good personnel policies. Apply Director of Nursing Service, The Beck Memorial Sanatorium, London, Ontario.

Classroom & Clinical Instructors (Immediately). Good Personnel policies. Please apply to: Director of Nursing, Victoria Hospital, London, Ontario.

Instructors (Men or Women — Immediately) for medical & surgical, pediatric, psychiatric & premature nursing. School of nursing averages 100 students. Full NLN accreditation, 1 class enters yearly. Salary ranges from $390-$420 monthly. 40-hr. wk. **Administrative Supervisors** (2), Men or Women, for nursing service in 400-bed General Hospital, JCAH accredited. Starting salary: $415 monthly. 40-hr. wk. Reasonably rated single room accommodations available. Apply Director of Nursing, Mount Sinai Hospital, Chicago 8, Illinois.

Head Nurses & Registered General Duty Nurses for surgical, medical & obstetrical depts. Gross salary for nurses currently registered in Ont.: $235 per mo. — extra allowance made for head nurses. Good personnel policies. New facilities. Comfortable nurses residence. 8-hr. rotating shift, 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ day holiday allowed per mo., same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Superintendent, Lady Minto Hospital, Cochrane, Ontario.

Head Nurses & General Duty for 150-bed tuberculosis hospital. First letter should give **full** details: age, experience, when available, salary expected. Apply to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

General Staff Nurses (Immediately) — Clinical Instructors in Surgery & Medicine (July) for new 288-bed modern hospital opened in January. School of Nursing with a present enrollment of 53 students. Comfortable nurses' residence. 40-hr. wk. Liberal personnel policies. Please apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $240 per month. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $320 with 4 annual increases to $360. Full maintenance $45 per mo. Liberal personnel policies. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $300 per mo. starting salary. $15 per mo. increases at 6, 12, 24, & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Graduate Staff Nurse (Opportunities in the United States) for well-equipped 400-bed, non sectarian General Hospital affiliated with medical school. New salary rates: Day-shift, $340-$370 per mo., afternoon & nights, $370-$400 per mo. Comfortable, low-cost living accommodation available in attractive residence building. Apply to Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

Registered Nurses (6) for 52-bed hospital. Salary: $240-$275, according to experience. 5-day wk. No night shift. 3-wk. vacation with pay, after 1-yr. service. Apply: Superintendent, St. Louis Hospital, Bonnyville, Alberta.

Infirmières Licenciées (6) pour service général — sont désirées à l'Hôpital (52 lits). Les salaires: $240-$275 selon l'expérience. Service de 40 heures, sans service de nuit. 3 semaines de vacances payées, après un an de service, en plus des 10 jours durant l'année. Veuillez adresser toute correspondance: Les Soeurs de la Charité de N.D. d'Evron, Hôpital St. Louis, Bonnyville, Alberta.

Registered General Duty Nurses (2) immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alta.

Registered General Duty Nurses (4 Immediately) for 19-bed hospital, in oil town close to 2 summer resorts & 95 mi. southwest of Edmonton. Daily bus service available. Salary: $220 (with Alberta registration), $190 (non registered in Alberta), plus maintenance & laundry with $5.00 increase at the end of every 6 mo. employment. Apply to: The Matron, Municipal Hospital, Rimbey, Alberta.

Needed dedicated Christian **Registered Nurses** for Esperanza General Mission (22-bed hospital). Opportunities for witnessing for the Lord. Salary: $100 clear. 6-day wk. 10-hr. day. Apply Dr. H. A. McLean, Ceepeecee, Vancouver Island, British Columbia.

Registered General Duty Nurses. Salary: minimum, $230 — maximum, $265. Evening duty, additional $10. 40-hr. wk. Statutory holidays, liberal sick time, pension plan, holiday allowance. Accommodation available in nurses' residence. Uniforms laundered free. Apply Director of Nursing, Winnipeg Municipal Hospitals, Morley Avenue, East, Winnipeg 13, Manitoba.

Registered General Duty Nurses. Salary: $230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses for new 58-bed hospital situated in northwestern Ontario. Gross salary: $237 per mo. subject to increase after 6 mo. Regular annual increases thereafter to $269 per mo. $45 per mo. room & board. New 21-bed nurses' residence — single rooms. 30 day annual vacation, 6 statutory holidays. Cumulative sick leave. Rail fare refunded after 1 yr. For further information & application form write to Director of Nursing, District General Hospital, Dryden, Ontario.

Registered General Duty Nurses for modern 18-bed private hospital in iron mining town, 180 miles north of Sault Ste. Marie, Ont. Starting salary: $255 minimum to $290 maximum for experience, less $20 per mo. maintenance. Excellent accommodations & personnel policies. Transportation allowance after 3 mo. service. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered General Duty Nurses in all departments — especially operating room & newborn nursery. Good salary and personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ontario.

Registered General Duty Nurses (4) for 105-bed Pembroke Cottage Hospital as replacements for ones who have been married. Pop. of town, 15,000. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active interesting community social life in heart of the beautiful Ottawa Valley. Active ski club, curling club & skating, also the home of the famous Pembroke Lumber Kings Hockey Team, 2-theatres & a "drive-in". Nurses residence is available if desired, 2 blocks from the hospital. Gross salary: $210-$235 with increase at the end of 6-mo. & 1 yr. 3-wk. vacation, 7 statutory holidays. 14-day sick leave. No night duty. Blue Cross Medical/Surgical participation. Forward application to the Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered Nurses (Male & Female), Certified Nursing Assistants, Orderly (1) for 60-bed hospital, 51 miles from Ottawa. For personnel policies apply: Superintendent, The Great War Memorial Hospital, Perth, Ontario.

Registered Nurses for General Staff & Operating Room in 250-bed hospital (opened in 1956). Situated in the midst of one of Canada's most prosperous mining districts. **Salary effective May 1st, $255 per mo. with semi-annual merit increases plus annual bonus plan.** Extra recognition for experience. 21-day vacation. Sick leave. Partial refund of transportation. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered General Duty Nurses for County Hospital 45 mi. from center of Montreal with excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Two theatres, bowling curling & dancing. 8-mi. from summer resort on Lake St. Francis & 12-mi. from U.S. border. Gross salary: $215 per mo. Three $5.00 increases at 6-mo. intervals to maximum $230. 44-hr. wk. 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 1-mo. annual vacation, all statutory holidays. 2-wk. sick leave. Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., County Hospital, Huntingdon, Quebec.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $210 per mo., $5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Many attractive benefits. Board & accommodation available at minimum cost in new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurses (2) for fully modern 15-bed hospital. Salary: $260 per mo. with $30 deducted for full maintenance. $180 bonus after 1 yr. service. 1 mo. vacation & 2-wk. sick time with pay per yr. 5 day wk. Apply Matron Union Hospital, Maidstone, Saskatchewan.

Registered Nurses for an accredited 82-bed hospital. Salary: $255-$295 per mo. 40-hr. wk. & no split shifts. Living accommodation in nurses' residence & laundry of uniforms for $8.00 to $12.00 per mo. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan.

Registered Nurse (1) for modern 8-bed hospital. Duties to commence as soon as possible. Starting salary: $250 per mo. with increments according to S.R.N.A. recommendations. Full maintenance, $30 per mo. with usual employee benefits. Apply to: B.E.L. Magnusson, Sec.-Treas. Union Hospital, Hodgeville, Saskatchewan.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses. Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for 105-bed accredited General Hospital. Salary: $330-$360 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Director of Nurses, Glenn General Hospital, Willows, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Wanted — Professional Nurses eligible for registration in Washington, D.C. Staff Nurse positions in 620-bed hospital for medical and surgical diseases of the chest; salary $4,080 per annum; $135 yearly increment; vacation, sick leave, retirement policies; 40-hour week; rotating shifts; active staff orientation program, progressive education programs for staff, student and patient personnel; uniforms laundered free; comfortable maintenance available at modest rates. Opportunity for university study. Write to Director of Nursing, Glenn Dale Hospital, Glenn Dale, Maryland.

Registered Nurses. Salary: $300-$315, with periodic increases. Excellent personnel policies. For further information please contact Superintendent, City Hospital, Red Wing, Minnesota.

Registered Staff Nurses. Never a dull moment for the graduate nurses who decide they would like to join us at the University of Texas Medical Branch Hospitals. 40-hr. wk. in our air-conditioned hospitals leaving 128 hrs. to enjoy the beach & nearby resorts. Galveston boasts an average temperature in the low seventies which means that swimming, fishing, horseback riding & sailing can be enjoyed the yr. round Positions available in the clinical area of your choice. Monthly salary begins at $290 for rotating — $304, for extended evenings or nights. Uniforms laundered free. Liberal personnel policies & opportunities for advancement. Comfortable air-conditioned residences including maid service at moderate cost. Excellent opportunities for advanced study leading to both B.S. & M.S. degrees. Write for further information to Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas.

Registered Nurses! Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment." Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, T.B. San (adults and children) and Operating Room. Salaries: $285-$315, days; $10 differential for evenings and nights; $15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E., Albuquerque, New Mexico. Phone 3-5611.

Graduate Nurses (2) for newly decorated small country hospital in northern Alberta, (40 miles paved road to next city). Starting salary for Graduate Nurses, $220, less $30, room & board. Good working conditions. Foreign nurses also can arrange for registration. Fare will be refunded after 12-mo. service. Apply Matron, Hythe Hospital, Hythe, Alberta.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Graduate General Duty Nurse. Please apply to the Superintendent, Muskoka Hospital (for the treatment of tuberculosis), Gravenhurst, Ontario.

Graduate Nurses for private hospital in California's Central Valley. Starting salary: $320 per mo. days, $335 per mo. nights. 40-hr. wk., paid vacations etc. Reasonable housing available. For information write, Administrator, West Side Community Hospital, Post Office Box B, Gustine, California.

Graduate Nurses for 389-bed, non-sectarian, acute General Hospital with fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Current building program promises opportunities for advancement in the coming year. Apartments available in the immediate neighborhood. Apply: Director of Nursing, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio.

General Duty Nurses for small hospital. 40-hr. wk. $210 per mo. plus full maintenance. $5.00 per mo. increment every 6 mo. 1 mo. vacation with pay per yr. Please apply: Matron, Municipal Hospital, Raymond, Alberta.

General Duty Nurses. $255. 40-hr. wk. 28-day vacation yearly plus 10 statutory holidays. Sick leave 1½ days monthly, accumulative after 6-mo. Room & full board $25 per mo. Fare from Vancouver advanced or refunded after 6-mo. service. Apply Matron, St. George's Hospital, Alert Bay, British Columbia.

General Duty Nurse (1) for rotating shift (30-bed hospital) on or about June 1st. Salary: $260 per mo. less $40 for room, board & laundry. 40-hr. work wk. 4-wk. vacation with pay after 1 yr. service. 1½ days sick leave per mo. yearly accumulative. Attractive nurses' home adjoining hospital. Apply: Community Hospital, Grand Forks, British Columbia.

Come to B.C. during our Centennial Year! Applications are invited for positions, either permanent or holiday relief, on the staff of an acute general 50-bed hospital close to Vancouver. R.N.A.B.C. personnel policies in effect. Apply to: Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary $260-$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurse for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling & skiing. Initial salary: $270. Maintenance, $45. 44-hr. wk. 4-wk. vacation with pay. Comfortable, attractive nurses' residence. Rail fare advanced if necessary. References required. Apply Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses. Starting salary: $260 per mo. & 4 annual increments of 5% to B.C. reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurse's residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurses — $250-$300. 40-hr. wk. $35 per mo. full maintenance, comfortable home close to hospital. 10 statutory & 28-day annual holiday. 1½ days sick leave per mo., accumulative indefinitely. Very active town, in world famous Cariboo country. Apply Director of Nurses, War Memorial Hospital, Williams Lake, British Columbia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for 55-bed hospital. Salary: $200 per mo. plus maintenance. Travelling expenses refunded on completion of 12 mo. service. Please apply: Director of Nursing, The Lady Minto Hospital, Chapleau, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $235 per mo. with annual increments. Good personnel policies with sick leave benefits, holidays & paid vacation. Residence accommodation available. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses, Operating Room Nurse (willing to learn X-ray) for well-equipped 47-bed hospital. 8-hr. duty, 5½-day wk. Annual vacation with pay. Statutory holidays. Full maintenance in new modern residence. For further information apply: Superintendent, General Hospital, Kincardine, Ontario.

General Duty Nurses & Certified Nursing Assistants for 70-bed General Hospital. Starting gross salary: $225 per mo. for Registered Nurse. Room & board: $35 per mo. Apply Acting Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

General Duty Nurses. O.R. Scrub Nurse (1). For modern well equipped 100-bed general hospital in friendly community. Gross salary: $240 per month if currently registered in Ontario. 8 hr. rotating shifts. 44 hr. wk. 1 day off 1 wk. and 2 the next. 21 days vacation after 1 yr. 7 legal holidays. Good personnel policies. Apply, Miss Willamene R. Allan, General Hospital, Port Colborne, Ont.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Good salary & personnel policies. Residence accommodation available. Please apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

General Duty Nurses for 100-bed modern hospital in south-western Ontario. Residence available. Please apply to: Director of Nurses, District Memorial Hospital, Tillsonburg, Ont.

General Duty Nurses for modern tuberculosis hospital. Gross salary: $230 with consideration for preparation in special field. Good personnel policies including pension plan. Apply: Director of Nursing, Royal Edward Laurentian Hospital, 3650 St. Urbain St., Montreal, Quebec.

General Duty Nurse for 10-bed fully modern hospital. Salary to start: $250 per mo. gross, less $30 per mo. maintenance. Fully modern nurses' residence in same building. Please apply to: Sec.-Treas., Union Hospital, Kincaid, Saskatchewan.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: $315, California registered — $285, Canadian registered. $22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

General Duty Nurses for 64-bed general short term approved hospital near Sacramento 80 miles to San Francisco; close to many outdoor activities. Beginning salary: $325. Nurses' home available. Excellent working conditions. Write to Director of Nurses Woodland Clinic Hospital, Woodland, California.

NURSING HOME FOR SALE

Well & attractively equipped & located in the beautiful Niagara Peninsula. The Home has high standards & is recommended by local doctors. An ideal opportunity for 1 or 2 nurses. Annual revenue, $20,000 which should be doubled when Government Hospital Plan begins. The Home has 9 bedrooms & can accommodate 16 patients. Chronic medical, compensation & various cases are treated by a well-trained staff. Owner is a graduate in Public Health & would only consider selling to a nurse with integrity & interested in maintaining the present high standards. Price: $12,500.

For further information please apply:
Box T, The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary: $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in psychiatry & pediatrics on a segregated service. Apply Superintendent, Community Hospital, Alamosa, Colorado.

Operating Room Nurses for 106-bed hospital. Construction of new hospital & nurses' residence to commence this year. For information regarding duties & salary please write to: Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

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Laboratory Technologist for 100-bed hospital. Will be in charge of department. New facilities & good personnel policies. Please state salary expected. Apply to: Superintendent, Lady Minto Hospital, Cochrane, Ontario.

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X-Ray Technician (Female) registered preferred, for 100-bed accredited hospital. For further details apply to: Administrator, Norfolk General Hospital, Simcoe, Ontario.

Laboratory & X-Ray Technician, (combined position), for small hospital. Salary: to $300. Good personnel policies. Accumulative sick leave. Please apply to: The Canadian Nurse Journal, Box W., 1522 Sherbrooke St. W., Montreal 25, Quebec.

Registered Nursing Aides (3). Starting salary: $170 per mo. with $5.00 per mo., annual increment to a maximum of $185 per mo. Room & board: $26 per mo. 5½ day wk. 8-hr. duty. 3-wk. vacation after 1 yr. service plus 10 statutory holidays. Pension, hospitalization & medical plans shared. Apply: Miss J. McPhee, Matron, Municipal Hospital, Vermilion, Alberta.

Practical Nurses. Salary: minimum, $181 — maximum, $201. 40-hr. wk. Statutory holidays, liberal sick time, pension plan, holiday allowance. Accommodation available in nurses' residence. Uniforms laundered free. Must qualify for Manitoba registration. Apply Director of Nursing, Winnipeg Municipal Hospitals, Morley Avenue, East, Winnipeg 13, Manitoba.

Public Health Nurses (Qualified). Salary based on experience. 5-day wk. 4-wk. vacation with pay. Sick leave credits. Blue Cross plan. Pension plan. Car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Sec.-Treas., Wentworth County Health Unit, 150 Main St. W., Hamilton, Ontario.

Public Health Nurses (Bilingual) for health unit. Minimum salary: $3,200. 5-day wk. Car provided or allowance for own car. Blue Cross & sick leave. Apply to Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ontario.

Public Health Nurses (qualified) for generalized program with City of Ottawa Health Dept. Salary schedule under review. Existing salary range: $3,192-$4,032 based on experience. Good personnel policies. 5-day wk. Superannuation, Blue Cross & P.S.I. benefits. Apply to Medical Officer of Health, 368 Dalhousie St., Ottawa 2, Ontario.

Director of Nursing for 140-bed General Hospital. Please apply: Executive Director, Reddy Memorial Hospital, Tupper Street, Westmount, Montreal, Quebec.

Registered Nurses: General Duty, $240-$270 — **Staff,** $270-$300 — **Certified Nursing Aides,** $169-189, (Plus laundry) for large expanding city hospital in Edmonton for summer relief & full time employment. Experience available in all departments including operating rooms & case rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave & vacation allowances. Fare will be advanced if necessary. For particulars apply to: The Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered General Duty Nurses (2) for May 1st for 37-bed hospital. Gross salary: $240 per mo. Perquisites, $20; $5.00 increment every 6 mo. 3-wk. vacation plus statutory holidays with pay. Separate residence. Please apply: Matron, Municipal Hospital, Vulcan, Alberta.

Pediatric Clinical Instructor for General Hospital. R.N.A.O. salary schedule. Please Apply to: Director of Nurses, St. Mary's School of Nursing, Sault Ste. Marie, Ontario.

General Duty Nurses (2) for 18-bed hospital situated in beautiful district (end of April). Standard B.C. Salaries. 40-hr. wk. Statutory holidays & yearly vacation. Room & board, $35 per mo. Apply Matron, Arrow Lakes Hospital, Nakusp, British Columbia.

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requires

EXPERIENCED PUBLIC HEALTH NURSES

GOOD SALARY RANGE

and

PERSONNEL POLICIES

For further information apply to:

THE SUPERVISOR OF NURSING SERVICES,
ONTARIO SOCIETY FOR CRIPPLED CHILDREN,
92 COLLEGE STREET, TORONTO 2, ONTARIO

Registered Record Librarian for 80-bed accredited hospital. Good personnel policies. Excellent salary. Please apply Administrator, Sidney A. Sumby Hospital, 234 Visger Road, River Rouge 18, Michigan.

General Duty Nurses for summer months, June-September only. Please apply Director of Nursing, Cobourg General Hospital, Cobourg, Ontario.

OPERATING ROOM SUPERVISOR
Westminster Hospital, London, Ontario
$3,330 — $3,780 (Plus $120 annual Supervisory Allowance)

To be responsible for administration & supervision of operating rooms; to train nursing staff; to provide courses in orientation of new staff; maintain supplies & equipment.
Qualifications: Registered Nurse in a Province of Canada; completion of a postgraduate course in operating room techniques & supervision; several years' experience in this field.

Application forms, available at Post Offices, should be forwarded to the Civil Service Commission, 25 St. Clair Ave., East, Toronto 7, Ontario.

REGISTERED NURSES

$2,700 — $3,540

(According to Qualifications)

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required for the autumn of 1958.

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Good Personnel Policies.

SALARY BASED ON QUALIFICATIONS & EXPERIENCE.

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(In Medicine)

Saskatoon City Hospital

Salary: $3,480-$4,440 per annum

40-hr. wk.

Liberal vacation with pay,

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SASKATOON CITY HOSPITAL

SASKATOON, SASKATCHEWAN

requires

Instructor to be responsible for student rotations & to assist with Nursing Arts instruction. Salary commensurate with experience & qualifications. Liberal vacation with pay. Accumulative sick leave.

Apply to Director of Nursing.

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TOWN OF STRATHROY (ONTARIO)

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PUBLIC HEALTH NURSE

for Municipal Nursing Services.

(to Service an Area 20 miles from London)

Salary schedule: $3,300 to $4,300 per annum.

Allowance of $75 for each year experience up to 5 years.

Car allowance: $500. 1 month vacation with pay.

Sick leave: 1½ days per mo. accumulative to 90 days.

Please apply stating age, qualifications etc., not later than May 10, 1958 to:

SECRETARY,
STRATHROY BOARD OF HEALTH,
BOX 569,
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Interested in Public Health Nursing are invited to apply for positions in the Department of Public Health, Nova Scotia.

Training bursaries are available for courses in Public Health Nursing.

Salaries according to new salary scale.

Further information may be obtained from the Director of Public Health Nursing, Department of Public Health, Provincial Building, Hollis Street, Box 488, Halifax, Nova Scotia, and application forms may be obtained from the

NOVA SCOTIA CIVIL SERVICE
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HALIFAX, NOVA SCOTIA.

THE B. C. CIVIL SERVICE

REQUIRES A

DIRECTOR OF NURSING SERVICES
BRITISH COLUMBIA MENTAL HEALTH SERVICES
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Salary: $420 rising to $500 per month.

Under general direction of the Medical Superintendent, to administer a large staff of nurses & auxiliary personnel, including general supervision of the School of Psychiatric Nursing, which trains Psychiatric Nurses & conducts affiliate & postgraduate courses; to advise the Director of Mental Services on related matters. Requires a high degree of initiative & organizing ability. Applicants must be British subjects, eligible for registration with the B.C. Registered Nurses' Association, with degree or diploma in administration or equivalent, & at least 2 years experience at a senior supervisory level in a large mental hospital.

APPLY TO: PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, B.C.
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Personnel Practices Provide:

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1. AN ASSOCIATE DIRECTOR OF NURSING EDUCATION:
   To supervise & assist in the organization & development of the educational program for the school of nursing.
   Qualifications:
   a. Minimum, a B.A., or B.Sc. degree in nursing with considerable experience in supervisory & administrative capacities.
   b. Desirable but not essential, a Master's degree or equivalent education & experience.
2. AN OPERATING ROOM SUPERVISOR.
3. CLINICAL SUPERVISORS IN MEDICINE & SURGERY.
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Positions available for qualified Public Health Nurses in various centers in British Columbia. Salary: $290 rising to $345 per mo. Car provided. An opportunity for interesting & challenging professional service in this beautiful & fast-developing province. Competition No.: 57:591.

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THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN ST., VICTORIA, B.C.

REQUIRED IMMEDIATELY

OPERATING ROOM SUPERVISOR
and
EVENING AND NIGHT SUPERVISOR
(on rotating shift)

For further information apply:
THE DIRECTOR OF NURSING, MEMORIAL HOSPITAL, SUDBURY, ONTARIO.

APPLICATIONS ARE REQUESTED BY

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SCHOOL of NURSING FOR INSTRUCTORS

1. Nursing Arts Instructor
2. Medical Clinical Instructor
3. Science Instructor

(by July 1st, 1958)

1 year university plus experience in teaching & supervision.

also

1. Head Nurse for nursery on obstetrical unit

   Postgraduate experience in obstetrics.

2. Head Nurse — central supply room

   Previous experience necessary.

3. General Staff Nurses

   Good personnel policies.

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NURSE EDUCATORS — for three-year basic schools of nursing. General nursing, medical & surgical, nursing service administration, public health, pediatrics.

REQUIREMENTS — Teaching qualifications and experience.

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SENIOR NURSE CONSULTANTS WITH PUBLIC HEALTH

Requirements — experience in teaching, supervision & administration.

Additional language needs in several countries:

French-speaking Nurse Educators,
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Anyone having the necessary qualifications & experience should apply by letter in the first instance to:

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VACANCIES — A limited number of staff positions in most areas.

ATTRACTIVE living accommodations.

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INCREMENTS — $10 at the end of 3 and 12 months. $5 at end of 24 months.

BONUS — $40 for evening duty — $20 for night duty.

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SICK LEAVE — 15 days per year.

HOSPITALIZATION and other benefits.

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Challenging opportunities in

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GOOD SALARIES — STAFF BENEFITS

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REGULAR AND VACATION RELIEF POSITIONS IN PEDIATRICS, OBSTETRICS, MEDICINE AND SURGERY

1500 bed teaching hospital, heart of British Columbia's medical centre

ATTRACTIVE PERSONNEL POLICIES

Salary $249 — $289 per month. 5 day, 40 hour week

(Eligibility for registration in B.C. necessary)

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Residence, Cook County School of Nursing

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Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at *$340-$350 for a 37½ hour week.* And you're only minutes from Chicago's fabulous Loop and local universities.

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PERSONNEL POLICIES AS RECOMMENDED BY A.N.P.Q.

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To begin duties immediately

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Modern 400-bed Hospital

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Certified Nursing Assistants

Good Salaries and Personnel Policies

Residence Facilities Available

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for

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QUALIFICATIONS: POSTGRADUATE CERTIFICATION IN OPERATING ROOM TECHNIQUE & MANAGEMENT WITH EXPERIENCE.

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• Room and board in hospitals — at reasonable rates. Statutory holidays. Three week's annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

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(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.

(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

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The Grenfell Mission is now taking applications for positions in its Hospitals, Nursing Stations and Children's Dormitories in northern Newfoundland and Labrador.

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MISS DOROTHY A. PLANT, SECRETARY, GRENFELL LABRADOR MEDICAL MISSION, 48 SPARKS ST., OTTAWA 4, ONTARIO.

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CLINICAL INSTRUCTOR IN OPERATING ROOM TECHNIQUE

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UNIVERSITY DIPLOMA COURSE REQUIRED
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THE ROOSEVELT HOSPITAL
APPLICATION FOR APPOINTMENT
NURSING SERVICE DEPARTMENT

NAME .....

ADDRESS .....

.....

BIRTHDATE ..... MARITAL STATUS .....

WHERE REGISTERED .....

CLINICAL SERVICE DESIRED .....

POSITION SOUGHT .....

DATE AVAILABLE .....

EDUCATIONAL BACKGROUND

SCHOOL OF NURSING	ADDRESS	DATE OF DIPLOMA OR DEGREE

EXPERIENCE (LIST MOST RECENT POSITION FIRST)

POSITION	HOSPITAL	LOCATION	DATE

TRANSPORTATION PAID UPON APPOINTMENT TO STAFF.

SEND TO: DIRECTOR, NURSING SERVICE
THE ROOSEVELT HOSPITAL
428 WEST, 59TH STREET
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GENERAL DUTY NURSES

(for all departments)

Gross salary: $235 per mo. if registered in Ontario. $215 per mo. until registration has been established. $20 per mo. bonus for evening & $10 for night duty. Annual increment of $10 per mo. for 3 years.

44-hr. wk., 8 statutory holidays, 21 days vacation.

12 days leave for illness with pay after 1 yr. of employment.

APPLY: DIRECTOR OF NURSING, OSHAWA GENERAL HOSPITAL OSHAWA, ONTARIO.

REGISTERED NURSES
NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 42-hr. wk.

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NURSING ARTS INSTRUCTOR	To teach fundamentals of nursing and assist with medical-surgical nursing.
SCIENCE INSTRUCTOR	To teach anatomy and physiology, chemistry, and assist with medical-surgical nursing.
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For further information apply to:

DIRECTOR, SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONT.

OPERATING ROOM SUPERVISOR
AND
OBSTETRICAL SUPERVISOR
REQUIRED IMMEDIATELY

FOR MODERN, 79-BED, 24-BASSINETTE HOSPITAL IN GROWING COMMUNITY.

Please apply stating qualifications to:
DIRECTOR OF NURSING
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Our nurses are VIP's . . . better known as Very Important People. Important to nursing, their patients and the scheme of things here, they don't stagnate — they have a chance to use their talents.

This renowned university medical center offers opportunity to advance through the many stages of clinical study in all fields. Courses at the University of Rochester are theirs to follow at half tuition, and time can be arranged for nurses wishing to study part time. Staff Nurse salaries $290-$320 per month, depending on experience. Ability recognized by promotions.

Take your first step today toward working and growing into a "Very Important Person" in nursing. Call GReenfield 3-4400 or write to Miss Beatrice Stanley, Director of Nursing Service for additional details.

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ROCHESTER 20, NEW YORK

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requires an

ADMINISTRATIVE SUPERVISOR

for 40-bed Psychiatric Unit in this new 500-bed teaching hospital. Supervisory and psychiatric experience necessary. Duties to commence July, 1958. Attractive personnel policies.

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Sarnia, Ontario

DIRECTOR OF NURSING SERVICES

required for modern, fully approved (JCAH) 300-bed well-equipped General Hospital.

This progressive industrial city of 45,000 is growing; it is a summer resort area located on the shores of Lake Huron & St. Clair River.

The hospital has approved schools for nurses, laboratory technologists, x-ray technicians & is approved for intern training.

Qualifications for applicants include registration in Ontario, at least a bachelor's degree in administration, & successful experience in the field of nursing education as well as in nursing administration.

For more details & literature concerning the position & Sarnia, write to:

PERSONAL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $250 to $290 gross per month. Differential for evening and night duty, Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $295 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

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Previous journalistic experience not essential though valuable. If you are interested you will learn on the job.

Positions will be open July 2, 1958. Good salaries and personnel policies.

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Requires

REGISTERED NURSES
$2,700 - $3,540

CERTIFIED NURSING ASSISTANTS
$2,040 - $2,400

Starting salary will depend on qualifications
5-day week.

To serve in Department of Veterans Affairs Hospitals at Victoria and Vancouver, B.C., Calgary, Alta., Winnipeg, Man., Toronto, London and Ottawa, Ont., Ste. Anne de Bellevue, Montreal and Quebec, P.Q., Saint John, N.B., and Halifax, N.S.

For details, write to Civil Service Commission, Ottawa and quote:

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For Registered Nurses

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